



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

MICHIGAN BOARD OF DENTISTRY

OCTOBER 13, 2022, MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Dentistry met on October 13, 2022, at 611 West Ottawa Street, Upper-Level Conference Room 3, Lansing, Michigan 48933.

CALL TO ORDER

~~Mark Johnston, DDS~~, *Irene Tseng, DDS*, Chairperson, called the meeting to order at 10:00 a.m.

ROLL CALL

Members Present: Irene Tseng, DDS, Chairperson
Kristi Thomas, DDS, MPH, Vice Chairperson
Fonda Brewer, Public Member
Raymond DeWitt, Ed.D., Public Member
Jennifer Fuller, DDS (arrived 10:07 a.m.)
Mark Johnston, DDS
Janet Kinney, RDH, MS
Cynthia McCants, Public Member
Martha Morgan, RDH
Vaijanthi Oza, DDS (out 12:12 p.m.)
Edward Sarkisian, DDS
Mamnoon Siddiqui, DDS, MS (arrived 10:10 a.m., left 12:17 p.m.)
Craig Spangler, DDS
Dawn Marie Strehl, RDH
Kathleen Weber, CDA, RDA, BAS
Hassan Yehia, DDS (out 11:27 a.m.)

Members Absent: Cheryl Bentley, RDH
Deborah Brown, DMD
Sahar Farhat, RDH
Shakeel Niazi, DDS

Staff Present: Laury Brown, Senior Analyst, Compliance Section
Andria Ditschman, Departmental Specialist,
Boards and Committees Section
Bridget Smith, Assistant Attorney General
Stephanie Wysack, Board Support Technician,
Boards and Committees Section

Tseng initiated introductions of Board Members and Department staff.

APPROVAL OF AGENDA

MOTION by Sarkisian, seconded by Weber, to approve the amended agenda, as presented.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Morgan, seconded by Kinney, to approve the minutes from August 11, 2022, as written.

A voice vote followed.

MOTION PREVAILED

REGULATORY MATTERS

None

OLD BUSINESS

None

COMMITTEE REPORTS

Continuing Education Committee

Oza presented the Continuing Education list (Attachment 1).

MOTION by Brewer, seconded by Yehia, to approve the Continuing Education list, as presented.

A roll call vote was held: Yeas: Brewer, DeWitt, Fuller, Johnston, Kinney, McCants, Morgan, Oza, Sarkisian, Spangler, Strehl, Weber, Yehia, Tseng
Nays: None
Abstain: Thomas

MOTION PREVAILED

Board Review Panel

No report.

Credentials Review

No report.

RDA Committee

No Report.

RDH Committee

No report.

Rules Committee

Johnston thanked the rules committee and the public for great discussions during the meetings held to review the public comments.

PA 161 Update

Erin Suddeth, RDH, BS, MPA, with MDHHS-Oral Health, reported that they currently have 51 programs including 106 supervising dentists, 200 dental hygienists, and 138 dental assistants.

Disciplinary Subcommittee

Brewer provided a summary of the Disciplinary Subcommittee (DSC) Agenda.

Ad Hoc Committee on Anesthesia

No report.

NEW BUSINESS

Committee Assignments

Tseng pointed out that committee assignments list and the 2023 conferee schedule were uploaded to Egress.

CRDTS Examination – Substantial Equivalency Request

Richael L. Cobler provided an overview of discrepancies with their examination to the review done by the Board of Dentistry Credentials Review Committee. She stated that CRDTS was asking to be considered as substantially equivalent and officially recognized by the board.

Discussion held with Cobler and Mark Edwards, DDS with CRDTS.

The board chose not to recognize CRDTS as substantially equivalent.

MOTION by Fuller, seconded by Spangler, to recess at 11:28 a.m.

A voice vote followed.

MOTION PREVAILED

MOTION by Weber, seconded by DeWitt, to reconvene at 11:39 a.m.

A voice vote followed.

MOTION PREVAILED

Rules Discussion

Ditschman stated that during the meeting, only public comments would be addressed. No new comments will be considered. Ditschman provided an overview of the Public Comment Summary (Attachment 2) and recommendations made by the rules committee to the public comments received.

MOTION by Johnston, seconded by Thomas, to approve the draft rules (Attachment 3) as presented to the board with the changes included in the Public Comment Summary, as recommended by the rules committee pursuant to public comments received during the public comment period.

Discussion was held regarding rules R 338.11401, R 338.11613, and R 338.11120.

Discussion was held regarding R 338.11247(3), and the public comment to limit clinical academic limited licenses to 50 licenses per educational institution.

MOTION by Spangler, seconded by Sarkisian, to accept the public comment and limit clinical academic limited licenses to 50 licenses per education institution.

Discussion held.

A roll call vote was held: Yeas: Johnston, Sarkisian, Spangler
 Nays: Brewer, DeWitt, Fuller, Kinney, McCants, Strehl,
 Weber, Thomas, Tseng
 Recuse: Morgan

MOTION FAILED

Discussion held regarding the next steps in the rules promulgation process.

A roll call vote was held on the motion to approve the draft rules with the changes as proposed in the draft presented to the board:

 Yeas: Brewer, DeWitt, Fuller, Johnston, Kinney, McCants,
 Morgan, Sarkisian, Spangler, Strehl, Weber,
 Thomas, Tseng
 Nays: None

MOTION PREVAILED

Chair Report

Tseng provided the results of the RDA examination that was given in August through the department.

Tseng stated that Morgan had been named the RDH representative for ADEX in Michigan.

Tseng stated that Sally Deck, RDH, had recently passed away.

Johnston thanked Jacob Poynter, Manager, Licensing Division, for his assistance with licensing individuals providing dental services in Alaska on a mission trip.

Department Update

Ditschman stated that the bureau will hold the next board member training on March 8, 2023, via Zoom. All board members are welcome to attend.

Ditschman stated that recent legislation passed, requiring that board meetings be recorded. She stated that the board will need to be mindful of remote attendees and make sure to speak loudly and clearly.

PUBLIC COMMENT

Dr. Jan Hu, interim Dean, University of Michigan School of Dentistry provided comments in response to comment made during the meeting regarding universities not being responsible in hiring qualified academic clinical instructors. She explained the process that the university uses in the hiring process. She stated that their process allows for a diverse faculty from all types of backgrounds.

James P. Simmer, DDS, Ph.D., University of Michigan School of Dentistry thanked the board for not limiting the number of clinical academic limited licenses and stated that the mission of the dental school is to promote dentistry, not to just promote the dentist. He stated that the research area works in conjunction with the clinical area of the dental school.

ANNOUNCEMENTS

The next regularly scheduled meeting will be held December 8, 2022, at 10:00 a.m. at 611 West Ottawa Street, Upper-Level Conference Center Room 3, Lansing, Michigan 48933.

ADJOURNMENT

MOTION by Thomas, seconded by DeWitt, to adjourn the meeting at 1:10 p.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Board on: December 8, 2022

Prepared by:
Stephanie Wysack, Board Support Technician
Bureau of Professional Licensing

October 17, 2022

DENTISTRY CONTINUING EDUCATION REVIEW

October 13, 2022

RECOMMENDED NEW APPROVAL(S):

Approval for October 13, 2022 through October 31, 2025.

*Each program listed under the sponsor name will be given a separate approval number.

Delta Dental Plan of Michigan, Inc. (Delta Dental of Michigan)

- Practice Management – Financial Considerations (dentists, dental hygienists, dental assistants, dental therapists) for 1 hour

Great Lakes Bay Dental Hygienists' Association

- Ethics for the Dental Hygienist (dentists, dental hygienists, dental assistants, dental therapists) for 2 hours

Michigan Center for Rural Health

- Infection Control Resources (dentists, dental hygienists, dental assistants, dental therapists) for 1 hour

Michigan Periodontal Association

- Updates in Periodontal Regeneration and Soft Tissue Grafting (dentists) for 6 hours

Kent County Dental Society

- New Considerations in Maxillofacial Reconstruction (dentists, dental hygienists, dental assistants) for 2 hours

Tri-State Dental Medical Meeting

- Tri-State Dental Medical Meeting (dentists, dental hygienists, dental assistants, dental therapists) for 10.5 hours

Michigan Academy of Pediatric Dentistry

- An Update on Ankyloglossia and Other Oral Ties (dentists, dental hygienists, dental assistants, dental therapists) for 7 hours

RECOMMENDED APPROVAL(S) ON AMENDMENTS:

None

RECOMMENDED VOLUNTEER APPROVAL(S):

Approval for October 13, 2022 through October 31, 2026.

VINA Community Dental Center

RECOMMENDED DENIAL(S):

Hadassah Greater Detroit

- Gender Identity and Sexual Orientation; Applying New Knowledge to Your Practice (dentists, dental hygienists, dental assistants) for 2 hours

Dentistry General Rules - ORR 2021-040 LR
Public Comment Summary
Rules Committee's Recommendations to August 22, 2022, Public Comments

Testimony/Comments Received:

Brent Accurso

Marc Bernard Ackerman, American TeleDentistry Association (ATDA)

Heather Beavers, Michigan Oral Health Program, Department of Health and Human Services (DHHS)

Vincent Benivegna, Michigan Dental Association (MDA)

Richael Cobler, Central Regional Dental Testing Service, Inc. (CRDTS)

Misty Davis, Michigan Primary Care Association (MPCA)

Tyler Diers, TechNet

Heather Gietzen

Kim Hoppes, Michigan Dental Assistants Association, (MDAA)

Peter Horkan, Governmental Affairs, SmileDirectClub

Ellen Sugrue Hyman, Michigan Oral Health Coalition (MOHC)

Representative Bronna Kahle, 57th District

Shirley Kim, Byte

J. David Johnson, American Association of Oral and Maxillofacial Surgeons (AAOMS)

Mark Johnston, DDS

Nathan Mick and Nathan Thomas, American Association of Orthodontists (AAO) and Michigan Association of Orthodontists (MAO)

Richard Small and Frank Farbod, Michigan Society of Oral and Maxillofacial Surgeons (MSOMS)

Kathryn Swan

Irene Tseng, DDS

Senator Curtis VanderWall, 35th District

Katie Whitman-Herzer, Council of Michigan Dental Specialties, Inc.

October 12, 2022

Representative Angela Witwer, 71st District
 Amy Zaagman, Michigan Council for Maternal and Child Health (MCMCH)

The following 50 individuals sent the same letter regarding R 338.11411 (delegation of duties): Katherine Beard, Marsha Beattie, Jashleen Bedi, Michael Behnan, Sara Bergsma, Mark Bieszki, Steven Bowman, George Bork, Rick Bruno, Jason Charnley, Te Chen, David Copus, Spencer Crouch, Andrew DeHaan, Richard Friedman, Kevin Hallgren, Renee Geran, Cameron George, Heather Gietzen, Sindy Goodman, Christian Groth, Eric Hannapel, Travis Harshman, Gregory Hummon, Amy Isenberg, Ludia Kim, Maureen Kuhta, Michel Lanzetta, Kathryn Marks, Laurie McClatchey, Lathe Miller, John Monticello, Mark Powell, Nicholas Rafail, Tracie Resler, Jamie Sage, Dina Salman, Scott Schulz, Thomas Shannon, Lainie Shapiro, Brandon Shoukri, Nicole Siara-Olds, Ritu Singh, Kathryn Swan, Lauren Sytek, Nathan Thomas, Nicole Teifer, James Williams, and Gabrielle Zuzo

Typographical changes in green

Rules Committee recommended changes in yellow

General Comment

Rule Numbers	Commenter	Comment
	Beavers/DHHS	All pronouns be changed to they or their to be gender neutral.
338.11247 338.11263 338.11265 338.11267 338.11269 338.11411 338.11701 338.11703 338.11704	Beavers/DHHS	Regarding the new infection control requirement, we suggest adding “the current version” before the Centers for Disease Control and Prevention’s infection control guidelines.
	Tseng	Modify references from CDCA-WREB to CDCA-WREB-CITA throughout the document.
Rules Committee Response	<ul style="list-style-type: none"> The Rules Committee agrees with the comment to modify the pronouns in the document as allowed by the rule making requirements. 	

	<ul style="list-style-type: none"> • The Rules Committee agrees that the most up to date version of the Centers for Disease Control and Prevention’s infection control guidelines should be referenced in the rules. • The Rules Committee agrees with the comment to update CDCA-WREB-CITA throughout the document to reflect the merger of these entities.
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Rule 338.11101 Definitions.

Rule Numbers	Commenter	Comment
Section (1)	Johnston	<p>Include the following in the definition of “dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel:”</p> <p>Dental providers must be aware of the legal and ethical principles that guide patient care, professional interactions, and record keeping. The first portion of any presentation should review core ethical principles and their guidance to address frequently encountered ethical dilemmas. The second portion of any presentation should discuss critical legal concepts, including contracts, intentional and unintentional torts, informed consent, and informed refusal. Ethical principles often serve as the foundation of legal obligations. Thus, the intersection of law and ethics will be integrated into the presentations.</p> <p>Presentation objectives:</p> <ol style="list-style-type: none"> 1. Describe five key ethical principles; autonomy, beneficence, justice, veracity, and non-maleficence, and the guidance they provide to dental providers. 2. Describe fundamental legal principles important to dental providers, including contracts, intentional and unintentional torts, informed consent, and informed refusal. 3. Emphasize the importance of record keeping, include specific examples of what content should be included, including a template that can be modified to meet individual needs. 4. Present a framework to resolve frequently encountered ethical dilemmas.
(1)	Tseng	Consider adding more explanation of what is required in the jurisprudence and ethics courses or consider allowing the Board CE committee to review the contents of all courses that are offered to

		fulfill this requirement.
(1)(nn)	Gietzen	I do have concerns regarding the change from DA to UDA.
(1)(nn)	Swan	I object to the creation of the new title “unregistered dental auxiliary.” This terminology is insulting to our well trained, dedicated, and often long-term employees who do not have an RDA license. This term appears to have been created not to solve a problem in the dental workplace, but rather to stroke the egos of certain dental personnel. While Registered Dental Assistants are valuable, they do not own the descriptor of “dental assistant.” This, by pure grammar and English language, is any person who assists the dentist. There is no need to introduce this confusing additional terminology.
Rules Committee Response	<p>Section 1: The Rules Committee agrees with the comment to add a definition for “dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel course or program” to include: Presentation objectives:</p> <ol style="list-style-type: none"> 1. Describe five key ethical principles; autonomy, beneficence, justice, veracity, and non-maleficence, and the guidance they provide to dental providers. 2. Describe fundamental legal principles important to dental providers, including contracts, intentional and unintentional torts, informed consent, and informed refusal. 3. Emphasize the importance of record keeping, include specific examples of what content should be included, including a template that can be modified to meet individual needs. 4. Present a framework to resolve frequently encountered ethical dilemmas. 5. Present the delegation and assigned duties in Table 1 of the board rules and explain the levels of supervision. <p>Section (1)(nn): The Rules Committee does not agree with the comment that the term “unregistered dental auxiliary” should be modified to “dental assistant” as “dental assistant” is a protected term in the Public Health Code, therefore, only licensed dental assistants can use the “dental assistant.”</p>	

Rule 1101. (1) As used in these rules:

“AAOMS” means American Association of Oral and Maxillofacial Surgeons.

(a) “AAP” means the American Academy of Pediatrics.

(b) “AAPD” means the American Academy of Pediatric Dentistry.

(c) “ACLS” means advanced cardiac life support.

(d) “ADA” means the American Dental Association or a successor organization.

(e) “ADA CERP” means the American Dental Association Continuing Education Recognition Program.

- (f) **“ADEX” means the American Board of Dental Examiners, Inc. examination that is conducted by the CDCA-WREB.**
- (g) **“AGD” means the Academy of General Dentistry.**
- (h) **“AHA” means the American Heart Association.**
- (ai) **“Allied dental personnel” means the supporting team who that receives appropriate delegation from a dentist or dental therapist to participate in dental treatment.**
- ~~(b)~~(j) **“Analgesia” means the diminution or elimination of pain in the conscious patient as a result of the administration of an agent including, but not limited to, local anesthetic, nitrous oxide, and pharmacological and non-pharmacological methods.**
- ~~(c)~~(k) **“Approved course” means a course offered by either a dental, dental therapy, dental hygiene, or dental assistant program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) that meets the requirements in section 16611 of the code, MCL 333.16611.**
- (l) **“ASA” means the American Society of Anesthesiologists.**
- ~~(d)~~ **“Assistant” means a nonlicensed person who may perform basic supportive procedures under the supervision of a dentist as provided in these rules.**
- (m) **“BLS” means basic advanced cardiac life support.**
- ~~(e)~~(n) **“Board” means the Michigan board of dentistry Board of Dentistry.**
- (o) **“CDAC” means the Commission on Dental Accreditation of Canada.**
- (p) **“CDC” means the Centers for Disease Control and Prevention.**
- (q) **“CDCA-WREB” means the Commission on Dental Competency Assessments Western Regional Examining Board or a successor organization.**
- (r) **“CODA” means the Commission on Dental Accreditation or a successor organization.**
- (gs) **“Code” means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.**
- (ft) **“Conscious sedation” means a minimally depressed level of consciousness that retains a patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or a non-pharmacological method or a combination of both.**
- (u) **“DDS” means doctor of dental surgery degree.**
- “Dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel course or program” means the program or course will include the following presentation objectives:**
- 1. Describe five key ethical principles; autonomy, beneficence, justice, veracity, and non-maleficence, and the guidance they provide to dental providers.**
 - 2. Describe fundamental legal principles important to dental providers, including contracts, intentional and unintentional torts, informed consent, and informed refusal.**

3. Emphasize the importance of record keeping, include specific examples of what content should be included, including a template that can be modified to meet individual needs.

4. Present a framework to resolve frequently encountered ethical dilemmas.

5. Present the delegation and assigned duties in Table 1 of the board rules and explain the levels of supervision.

(hw) “Dental therapist” means a person licensed under part 166 of the code, MCL 333.16601 to 333.16659, to provide the care and services and perform any of the duties described in section 16656 of the code, MCL 333.16656.

(ix) “Dentist” means, except as otherwise provided in R 338.11801 **and R 338.11218**, a person licensed by the board under the code and these rules to engage in the practice of dentistry.

(jy) “Department” means the department of licensing and regulatory **affairs**.

(z) “DMD” means doctor of dental medicine degree.

~~(k) “Enteral” means any technique of administration in which the agent is absorbed through the gastrointestinal or oral mucosa.~~

~~(laa) “General anesthesia” means the elimination of all sensations accompanied by a state of unconsciousness and loss of reflexes necessary to maintain a patent airway.~~

(bb) “INBDE” means the Integrated National Board Dental Examination.

(cc) “JCNDE” means the Joint Commission on National Dental Examinations.

~~(add) “Licensed” means the possession of a full license to practice, unless otherwise stated by the code or these rules.~~

~~(nee) “Local anesthesia” means the elimination of sensation, especially pain, in 1 part of the body by the topical application or regional injection of a drug.~~

(ff) “NBDE” means the National Board Dental Examination.

(gg) “NBDHE” means the National Board Dental Hygiene Examination.

(hh) “NDEB” means the National Dental Examining Board of Canada.

~~(eii) “Office” means the building or suite in which dental treatment is performed.~~

~~(p) “Parenteral” means a technique of administration in which the drug bypasses the gastrointestinal (gi) tract, including intramuscular (im), intravenous (iv), intranasal (in), submucosal (sm), subcutaneous (sc), and intraocular (io).~~

(jj) “PALS” means pediatric advanced life support.

~~(qkk) “Registered dental assistantRDA” (RDA) means a person licensed as a registered dental assistant by the board under the code and these rules **who performs dental procedures as specified in R 338.11411, Table 1.** A dental hygienistRDH may perform the functions of a registered dental assistanta RDA if he or she is licensed by the board as a registered dental assistanta RDA.~~

~~(rll) “Registered dental hygienistRDH” (RDH) means a person licensed as such a registered dental hygienist by the board under the code and these rules, **who performs basic supportive dental procedures as specified in R 338.11411, Table 1.**~~

(~~smm~~) “Second pair of hands” means acts, tasks, functions, and procedures performed by a ~~dental assistant~~ **UDA**, ~~registered dental assistant~~ **RDA**, or ~~registered dental hygienist~~ **RDH** at the direction of a dentist, dental therapist, or ~~registered dental hygienist~~ **RDH** who is in the process of rendering dental services and treatment to a patient. The acts, tasks, functions, and procedures performed by a ~~dental assistant~~ **UDA**, ~~registered dental assistant~~ **RDA**, or ~~registered dental hygienist~~ **RDH** are ancillary to the procedures performed by the dentist, dental therapist, or ~~registered dental hygienist~~ **RDH** and intended to provide help and assistance ~~at the time when~~ the procedures are performed. This definition does not expand the duties of the ~~dental assistant~~ **UDA**, ~~registered dental assistant~~ **RDA**, or ~~registered dental hygienist~~ **RDH** as provided by the code and rules promulgated by the board.

(~~tnn~~) “Sedation” means the calming of a nervous, apprehensive individual, without inducing loss of consciousness, through the use of systemic drugs. Agents may be given orally, parenterally, or by inhalation.

(~~oo~~) “**UDA**” means an **unregistered dental auxiliary, who is unlicensed and performs basic supportive dental procedures as specific in R 338.11411, Table 1.**

(2) Unless otherwise defined in these rules, the terms defined in the code have the same meaning ~~when~~ **as** used in these rules. ~~treatment is performed upon a patient.~~

Rule 338.11120 Dental treatment records; requirements.

Rule Numbers	Commenter	Comment
Section (1)	Spangler	Does the word “maintain” mean write and enter or does it mean keep physical possession of the record. Can this be clarified?
(2)(d)	Spangler	This should read “Diagnosis and treatment plan as determined by the dentist.” No other dental professional can diagnose. Without a diagnosis, there is no treatment plan. CODA standards dictate that dental therapists are trained to identify, evaluate, and assess. The word diagnose is never used in the CODA standards for Dental Therapy Programs. Diagnosis and treatment planning is a duty that cannot be delegated, or may be delegated. I believe there is a conflict between what the law says and what dental therapists are trained to do. The alternative is to put a training requirement regarding treatment planning in the rules for dental therapists. It would be unsafe to have any dental professional licensed to do something they are not trained to do especially if they are miles from the contractually obligated dentist. It is contrary to the intent of the administrative rules.
Rules Committee Response	Section (1): The Rules Committee agrees with the comment to clarify the meaning of “maintain.” The Rules Committee recommends modifying “maintain” to “retain and preserve.”	

	<p>Section (2)(d): The Rules Committee agrees with the comment that the term diagnosis should be clarified with “as determined by the supervising dentist.” Although information was submitted to the Rules Committee that the CODA curriculum requirements do not include training in treatment planning, as the Code, in section 16655(2) includes treatment planning in the DT’s scope of practice, the Code requires the supervising dentist to give written authorization to the DT, and the supervising dentist must review the patient records, the Rules Committee does not agree that clarifying language is necessary regarding “treatment plan.”</p>
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R 338.11120 Dental treatment records; requirements.

Rule 1120. (1) A dentist or dental therapist shall make, and ~~maintain~~ **retain, and preserve** a dental treatment record ~~of~~ each patient.

(2) A dental treatment record must include all of the following information:

(a) Medical and dental history.

(b) The patient’s existing oral ~~health care~~ **healthcare** status and the results of any diagnostic aids used.

(c) The patient’s current health status as classified by the American Society of Anesthesiologists physical status classification system.

~~(e)~~**(d)** Diagnosis **as determined by the supervising dentist** and treatment plan.

~~(d)~~**(e)** Dental procedures performed upon the patient, including both of the following:

(i) The date the procedure was performed.

(ii) **The identity**~~Identity~~ of the dentist, dental therapist, or allied dental personnel performing each procedure.

~~(e)~~**(f)** Progress notes that include a chronology of the patient’s progress throughout the course of all treatment.

~~(f)~~**(g)** The date, dosage, and amount of any drug prescribed, dispensed, or administered to the patient.

~~(g)~~**(h)** Radiographic **and photographic** images taken in the course of treatment. If radiographic **or photographic** images are transferred to another dentist, the name and address of that dentist must be entered in the treatment record.

(3) All dental treatment records must be maintained for not less than 10 years ~~from~~**after** the date of the last treatment.

Rule 338.11201 Licensure by examination to practice dentistry; graduate of programs in compliance with board standards.

Rule Numbers	Commenter	Comment
(c)	Cobler/CRDTS	Modify the rule to continue to accept substantially equivalent examinations for initial licensure. Accept CRDTS as a substantially equivalent examination for initial licensure.

	<p>I am the Executive Director for Central Regional Dental Testing Service, Inc. (CRDTS) and recently came across this document Acceptable-Dentistry-Exams.pdf (michigan.gov) under Licensing Information on the Michigan Board of Dentistry website. CRDTS was unaware of this recent change to exclude the CRDTS examinations as a pathway toward dental and dental hygiene licensure.</p> <p>As the CRDTS dental and dental hygiene exams are “substantially equivalent to the ADEX examination” pursuant to R 338.11255 and R 338.11259, we formally request that Michigan revisit this matter.</p> <p>As you know portability for candidates seeking licensure is an important matter. Restricting acceptance of licensure examinations to one agency creates an undue burden for candidates. With the merger of CDCA, WREB and CITA, we at CRDTS have a deep concern about monopolization of the testing industry. I’m sure the board will agree that a monopoly is not in the best interest of the Dental Board, the candidates, or the professions.</p>
<p>Rules Committee Response</p>	<p>Section (c): The Rules Committee does not agree with the comment to accept substantially equivalent examinations for initial licensure as the rules already accept the American Board of Dental Examiners, Inc. (ADEX) examination conducted by the CDCA-WREB-CITA or a regional entity, which is a national examination offered in all states, Puerto Rico, Virgin Islands, and Jamaica. The Rules Committee accepts the grading, anonymity in grading, and standards of testing used in the ADEX examination.</p>

Rule 1201. In addition to meeting the requirements of **R 338.7001 to R 338.7005; any other rules promulgated under the code; and** section 16174 of the code, MCL 333.16174, an applicant for dentist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee and shall meet all of the following requirements:

- (a) Graduate from a dental educational program that complies with the standards in R 338.11301, in which he or she has obtained a ~~doctor of dental surgery (DDS) degree or doctor of dental medicine (DMD) degree.~~
- (b) Pass all parts of the ~~national board examination~~ **NBDE, or the INBDE if the INBDE replaces the NBDE**, that is conducted and scored by the ~~Joint Commission on National Dental Examinations (JCNDE)~~, to qualify for the licensing examination in subdivision (c) ~~or (d)~~ of this rule.

~~(e) Subject to subdivision (d) of this rule, pass a dental simulated clinical written examination that is conducted the Commission on Dental Competency Assessments (CDCA), previously known as North East Regional Board (NERB), or a successor organization, and 1 of the following:~~

~~—(i) Pass all parts of a clinical examination that is conducted and scored by the CDCA or a successor organization, or pass all parts of a clinical examination that is conducted by a regional testing agency if the examination is substantially equivalent, as provided in R 338.11255(5) and (6), to the dental simulated clinical written examination conducted by the CDCA, or a successor organization.~~

~~—(ii) Pass all parts of a clinical examination, developed and scored by a state, or other entity, that is substantially equivalent, as provided in R 338.11255(5) and (6), to the clinical examination of the CDCA or a successor organization.~~

~~(d)(c) Pass all parts, written and clinical, of the American Board of Dental Examiners, Inc. (ADEX) clinical examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency. Beginning 1 year after the effective date of this subdivision, an applicant shall meet the requirements of this subdivision instead of the requirements under subdivision (e) of this rule.~~

(d) Submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license, beginning 6 months after the effective date of this rule.

~~(e) Beginning January 6, 2022, complete a 1 time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

~~(f) Complete a 1 time training in opioids and other controlled substances awareness as required in R 338.3135.~~

Rule 338.11209 Licensure by examination to practice dental therapy.

Rule Numbers	Commenter	Comment
Section (b)	Davis/MPCA Zaagman/MCMCH	I would like to submit the following proposed change to rule R 11209: (b) Pass all parts, the comprehensive, competency-based clinical examination developed and scored by written and clinical, of the ADEX examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency, or an examination that is substantially similar as determined by the Board to the ADEX examination, with a passing converted score of not less than 75 on each component of the examination. Justification: Language limited to a specific entity can potentially create unnecessary barriers for dental therapists graduating from regions that use other entities. For example, dental therapists

		graduating from the CODA-accredited dental therapy program at Ilisagvik Tribal College are not required to take CDCA-WREB exams. An accessible pathway to Michigan licensure should allow for the Board to accept substantially similar exams conducted by other entities.
Rules Committee Response	Section (b):	The Rules Committee agrees with the comment to accept a substantially equivalent examination for initial licensure for the following reasons: the profession is new; the need to address access to oral care in Michigan; limited or no DT educational training in Michigan; desire to encourage DT's from outside of Michigan who have taken another examination that is substantially equivalent to the ADEX to obtain licensure and practice in Michigan.

R 338.11209 Licensure by examination to practice dental therapy.

Rule 1209. In addition to meeting the requirements of **R 338.7001 to R 338.7005, any other rules promulgated under the code, and** section 16174 of the code, MCL 333.16174, an applicant for dental therapist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee and shall meet all of the following requirements:

(a) Graduate from a dental therapy educational program that meets the standards in R 338.11302.

(b) Pass **all parts, the comprehensive, competency-based clinical examination developed and scored by written and clinical, of the ADEX examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency, or an examination that is substantially equivalent to the ADEX examination as determined by the board pursuant to R 338.11257(5) and (6),** with a passing converted score of not less than 75 on each component of the examination.

(c) Complete ~~at least~~ **not less than** 500 hours of clinical practice as required under R 338.11218.

(d) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(d) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

~~(e) Complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.~~

Rule 338.11221 Licensure by examination to practice dental hygiene.

Rule Numbers	Commenter	Comment
Section (c)	Cobler/CRDTS	Modify the rule to continue to accept substantially equivalent examinations for initial licensure. Accept CRDTS as a substantially equivalent examination for initial licensure. I am the Executive Director for Central Regional Dental Testing Service, Inc. (CRDTS) and

		<p>recently came across this document Acceptable-Dentistry-Exams.pdf (michigan.gov) under Licensing Information on the Michigan Board of Dentistry website. CRDTS was unaware of this recent change to exclude the CRDTS examinations as a pathway toward dental and dental hygiene licensure.</p> <p>As the CRDTS dental and dental hygiene exams are “substantially equivalent to the ADEX examination” pursuant to R 338.11255 and R 338.11259, we formally request that Michigan revisit this matter.</p> <p>As you know portability for candidates seeking licensure is an important matter. Restricting acceptance of licensure examinations to one agency creates an undue burden for candidates. With the merger of CDCA, WREB and CITA, we at CRDTS have a deep concern about monopolization of the testing industry. I’m sure the board will agree that a monopoly is not in the best interest of the Dental Board, the candidates, or the professions.</p>
<p>Rules Committee Response</p>	<p>Section (c):</p>	<p>The Rules Committee does not agree with the comment to accept substantially equivalent examinations for initial licensure as the rules already accept the American Board of Dental Examiners, Inc. (ADEX) examination conducted by the CDCA-WREB or a regional entity, which is a national examination offered in all states, Puerto Rico, Virgin Islands, and Jamaica. The Rules Committee accepts the grading, anonymity in grading, and standards of testing used in the ADEX examination.</p>

Rule 1221. In addition to meeting the requirements of **R 338.7001 to R 338.7005, any other rules promulgated under the code, and** section 16174 of the code, MCL 333.16174, an applicant for dental hygienist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee, **and shall** meet all of the following requirements:

- (a) Graduate from a dental hygiene educational program in compliance with the standards in R 338.11303.
- (b) Pass all parts of the ~~dental hygiene national board examination~~ **NBDHE** that is conducted and scored by the JCNDE to qualify for the licensing examination provided for in subdivision (c) ~~or (d)~~ of this rule. The requirement does not apply to an applicant who graduated from a dental hygiene program before 1962.
- ~~(c) Subject to subdivision (d) of this rule, pass a dental hygiene simulated clinical written examination conducted by the CDCA or a successor organization, and 1 of the following:~~

~~—(i) Pass all parts of a clinical examination that is conducted and scored by the CDCA or a successor organization or pass all parts of a clinical examination that is conducted by a regional testing agency if the examination is substantially equivalent, as provided in R 338.11255(5) and (6), to the dental hygiene simulated clinical written examination conducted by CDCA or a successor organization.~~

~~—(ii) Pass all parts of a clinical examination developed and scored by a state or other entity that is substantially equivalent as provided in R 338.11255(5) and (6), to the clinical examination of the CDCA or a successor organization.~~

~~(d)(c) Pass all parts written and clinical, of the ADEX clinical examination that is conducted and scored by the CDCA-WREB, a successor organization, or by another regional testing agency. Beginning 1 year after the effective date of this subdivision, an applicant shall meet the requirements of this subdivision instead of the requirements under subdivision (c) of this rule.~~

(d) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~—(e) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

Rule 338.11247 Limited licenses; issuance; requirements.

Rule Numbers	Commenter	Comment
Section (3)	Spangler	<p>(1) Limited licensees should also have to complete the same Dental Continuing Courses as the unrestricted license holder in each professional category. While these licenses are for one year, they should be responsible for one third of the CE requirements for the full license holder in the category. As many of the license holders in this category are dental school faculty, they become insulated from knowledge in other areas of dentistry and dental practice. This hinders their ability to work with predoctoral students and have current information in all areas of dentistry, not just the area in which they work. This has led to a group of faculty that are not invested in helping predoctoral students successfully transition to private practice.</p> <p>(2) We need to restrict the number of academic license holders sponsored by any one educational institution to 50. This licensure category has been abused to the detriment of the dental students in Michigan dental schools. Predoctoral students are seeking mentors who have practiced in a clinical setting in Michigan. If we are to provide more dentists to the State of Michigan, it will be by having full time faculty as role models that have worked in private practice in Michigan. Most of the licensees in this category are not invested in understanding and developing what is good for the</p>

	<p>people of the State of Michigan. This over reliance on Academic Clinical licenses also hinders the opportunities of dentists who have actively practiced in Michigan, passed the ADEX/CDCA or its equivalent, and wish to teach predoctoral students.</p>
<p>Rules Committee Response</p>	<p>Section (3): The Rules Committee agrees with the comment that clinical academic limited licensees should meet a portion of the continuing education hours required for the full license holder (1/3 for a dentist, hygienist, and dental assistant as they have a 3-year term, and 1/2 for a dental therapist as they have a two-year term.)</p> <p>Section (3): The Rules Committee did not come to a consensus regarding the comment that the number of academic clinical limited licenses should be limited to 50 licensees per institution, to encourage the dental schools to develop a clinical pathway for practicing dentists with full licensure.</p> <p>The members in support of the comment stated that full licensed dentists, who are trained at CODA institutions, will bring their knowledge of practice in Michigan to educational institutions. This change will provide role models and mentors for students and help illustrate that private practice in Michigan is a good option, which should help increase the number of dentists staying in Michigan.</p> <p>The members who did not support the comment stated that this change did not clearly benefit the public and if, as suggested, it is detrimental to the public to have over 50 academic clinical limited licenses at an institution, then allowing any number of such licenses does not benefit the public.</p>

Rule 1247. (3) The board may issue a limited license, under section 16182(2)(c) of the code, MCL 333.16182, for clinical academic services, to an applicant who is a graduate of a dental, dental therapy, dental hygiene, or dental assistant program, who practices the health profession only in connection with his or her employment or other contractual relationship with that academic institution. ~~All of the following apply to a clinical limited license:~~

- (a) An applicant for a clinical limited license shall comply with all of the following:
 - (i)(a) Submit the required fee and a completed application on a form provided by the department.
 - (ii)(b) Meet **the requirements of R 338.7001 to R 338.7005, any other rules promulgated under the code, and** the requirements of section 16174 of the code, MCL 333.16174.
 - (iii)(c) Submit proof of graduation from a dental, dental therapy, dental hygiene, or dental assistant program in the form of a certified copy of a diploma and transcript. If the transcript is issued in a language other than English, the applicant shall submit an original, official translation.

~~(iv)~~(d) Submit documentation verifying that the applicant has been offered and accepted employment in an academic institution.

(e) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BSL or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(f) Beginning 6 months after the effective date of this subdivision, submit proof of having attended training of at least 1 hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines.

~~(b)~~(g) A clinical limited license holder shall not hold himself or herself out to the public as being engaged in the practice of dentistry, dental therapy, dental hygiene, or as a dental assistant other than in connection with his or her employment or other contractual relationship with an academic institution, or provide dental services outside his or her employment or other contractual relationship with an academic institution.

~~(e)~~(h) A clinical academic limited licensed dentist, dental therapist, or dental hygienist may perform dental procedures ~~upon~~ patients in connection with his or her employment or contractual relationship with an academic institution if the procedures are performed under the general supervision, as **that term is** defined in R 338.11401(d), of a fully licensed dentist.

~~(d)~~(i) A clinical academic limited licensed dental assistant may perform dental procedures ~~upon~~ patients in connection with his or her employment or contractual relationship with an academic institution if he or she complies with all of the following:

(i) The procedures are performed under the direct supervision, as **that term is** defined in R 338.11401(c), of a fully licensed dentist.

(ii) The limited licensed dental assistant has satisfied the 35 hours of additional education in an approved course as required under section 16611(7), and (11) to (13) of the code, MCL 333.16611.

(iii) The limited licensed dental assistant has successfully completed a course in dental radiography that is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11303 or R 338.11307.

(4) Limited licenses must be renewed annually and are issued at the discretion of the department.

(5) An applicant for renewal of an academic clinical limited license who has been licensed for twelve months immediately preceding the expiration date of the license shall complete not less than 20 hours of continuing education for a dentist, 18 hours of continuing education for a dental therapist, and 12 hours of continuing education for a dental hygienist or dental assistant, which is approved by the board under R 338.11704a and incurred during the 12 months before the end of the license cycle. The continuing education shall comply with the following:

(a) Complete not less than 1 hour of the required continuing education hours in pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(b) Complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, which may be completed in 1 or more courses. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(c) Complete a minimum of 6 hours, 4 hours for a dental hygienist and dental assistant, of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(d) Complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(e) Complete a minimum of 6 hours, 4 hours for a dental hygienist and dental assistant, of the required continuing education hours by attending synchronous, live courses or programs, in-person or virtual, that provide for the opportunity of direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues, including delivery of care, materials used in delivery of care, and pharmacology.

(f) Complete no more than 1/2 of the required continuing education hours asynchronously, noninteractive.

(g) Except for the 1-time training in human trafficking, which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an applicant may not earn continuing education credit for implicit bias training required by R 338.7004, and may not earn credit for a continuing education program or activity that is identical to a program or activity an applicant has already earned credit for during that renewal period.

(h) The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. An applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years after the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(i) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department for the board’s consideration not less than 30 days before the last regularly scheduled board meeting before the expiration date of the license. The public notice for the board meetings can be found at: <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/dental>.

Rule 338.11255 Licensure by endorsement of dentist; requirements.

Rule Numbers	Commenter	Comment
Section (2)(c)(d) and (4) to (6)	Cobler/CRDTS	<p>Modify the rule to continue to accept substantially equivalent examinations for licensure by endorsement. Accept CRDTS as a substantially equivalent examination for licensure by endorsement.</p> <p>I am the Executive Director for Central Regional Dental Testing Service, Inc. (CRDTS) and recently came across this document Acceptable-Dentistry-Exams.pdf (michigan.gov) under Licensing Information on the Michigan Board of Dentistry website. CRDTS was unaware of this recent change to exclude the CRDTS examinations as a pathway toward dental and dental hygiene licensure.</p> <p>As the CRDTS dental and dental hygiene exams are “substantially equivalent to the ADEX examination” pursuant to R 338.11255 and R 338.11259, we formally request that Michigan revisit this matter.</p> <p>As you know portability for candidates seeking licensure is an important matter. Restricting acceptance of licensure examinations to one agency creates an undue burden for candidates. With the merger of CDCA, WREB and CITA, we at CRDTS have a deep concern about monopolization of the testing industry. I’m sure the board will agree that a monopoly is not in the best interest of the Dental Board, the candidates, or the professions.</p>
Rules Committee Response	The Rules Committee agrees with the comment to continue to accept substantially equivalent examinations for licensure by endorsement, which requires modifications to (c), (h), (i), and (j) below.	

Rule 1255. (1) An applicant who has never held a dental license in this state, **who is licensed in another state**, and who is not applying for licensure by examination may apply for licensure by endorsement by submitting a completed application on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed in another state as a dentist is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if he or she meets **the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and** all of the following requirements in subdivisions (a) to ~~(e)~~**(g) of this subrule**, subject to subdivisions ~~(f)~~**(h) to (j) of this subrule and (g):**

(a) **An applicant for licensure by endorsement shall meet 1 of the following requirements:**

(i) **Has graduated from a dental educational program that meets the standards in R 338.11301, in which he or she has obtained at least a 2-year DDS degree or DMD degree. The completion of the program must be confirmed by official transcripts from the school, and provides the department with the original, official transcripts of professional education and with documentation of graduation.**

(ii) **If the applicant graduated from a dental educational program that does not comply with the standards provided in R 338.11301, the applicant shall meet 1 of the following requirements for licensure by endorsement in this state:**

(A) **Has graduated from a minimum 2-year master's degree or certificate program in dentistry that complies with the standards in R 338.11301, in which he or she has obtained a degree or certificate in a specialty branch of dentistry recognized in R 338.11501, with proof as required in part 5 of these rules.**

(B) **Has graduated from a minimum 2-year master's degree or certificate program in dentistry that complies with the standards in R 338.11301, in which he or she has obtained a degree or certificate in a specialty branch of dentistry that has not been recognized in R 338.11501 but is approved by the board.**

(b) **Has passed all phases of the national board examination examination NBDE or INBDE if the INBDE replaces the NBDE for dentists, in sequence.**

(c) ~~Verifies his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a dentist, including the record of any disciplinary action taken or pending against the applicant.~~ **Until 6 months after the effective date of these rules, the Subject to (h) and (i) of this rule, the applicant submits proof of successful completion of a regional examination or state board examination that was required as part of the licensing process of the state where the applicant holds his or her license and that is substantially equivalent under R 338.11257(5), to all parts, written and clinical, of the ADEX examination required in R 338.11223(2) and (3) that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency. If the applicant has passed a regional or state board examination the applicant may petition the board for review of the regional examination or a state board examination for a determination that it is substantially equivalent under R 338.11257(5) and (6), to all parts, written and clinical, of the ADEX**

examination that is conducted by the CDCA-WREB. A passing score on a substantially equivalent examination is the score recommended by the sponsoring organization. However, an applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination. Beginning 6 months after the effective date of these rules, the applicant shall have passed all parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency required in R 338.11203(2) and (3).

(d) Has held a license as a dentist in good standing in another state for ~~30 days~~ **1 year** before filing an application in this state.

~~(e) Submits proof of successful completion of 1 of the regional examinations described in subrule (4) of this rule. This requirement is waived for individuals who were licensed initially in another state before 2002 and who were not required to complete a regional examination as part of the initial licensing process as confirmed by the state in which the initial license was awarded. Discloses each license, registration, or certification in a health profession or specialty issued by any another state, the United States military, the federal government, or another country on the application form.~~

(f) Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(g) Submits proof of current certification in BSL or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(f)(h) Until January 1, 2029, if an An applicant was who is licensed and practicing as a dentist in another state that required the successful completion of a regional examination or state board, and the who applicant has been practicing for a minimum of 5 years in the United States immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirements of subdivisions (a), (b), and (d)(c) of this subrule.~~

~~(g)(i) Until January 1, 2029, if an An applicant is who is licensed and practicing as a dentist in another state that does not require the successful completion of a regional examination, and the applicant and who has been practicing for a minimum of 5 years in the United States immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirements of subdivisions (a) and (b) of this subrule. The applicant may petition the board for a determination that the applicant's credentials are substantially equivalent to the requirements for licensure by endorsement instead of taking an examination.~~

~~(j) Beginning January 1, 2029, an applicant who is licensed and has been practicing as a dentist in another state for a minimum of 5 years immediately preceding the application for licensure in this state, and who passed the ADEX examination, meets the requirements of subdivisions (a), (b), and (c) of this subrule.~~

(3) The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any~~ **other** ~~another~~ state for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

~~(4) For purposes of this rule, subject to subrules (5) and (6) of this rule, the board approves and adopts the clinical examinations of other regional testing agencies or state boards if the examinations are substantially equivalent to all parts, written and clinical, of the ADEX clinical examination that is conducted and scored by the CDCA, a successor organization, or another regional testing agency. A passing score on the clinical examination is the score recommended by the sponsoring organization. An applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination.~~

~~(5) To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider at least the following factors:~~

~~—(a) Subject areas included.~~

~~—(b) Detail of material.~~

~~—(c) Comprehensiveness.~~

~~—(d) Length of an examination.~~

~~—(e) Degree of difficulty.~~

~~(6) To demonstrate substantial equivalency as specified in subrule (4) of this rule, an applicant may be required to submit materials, including the following:~~

~~—(a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.~~

~~—(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards that were in effect at the time of the examination.~~

~~—(c) An affidavit from a state licensing board or examination agency that describes the examination.~~

Rule 338.11257 Licensure by endorsement of dental therapist; requirements.

Rule Numbers	Commenter	Comment
Section (4) to (6)	Cobler/CRDTS	<p>Modify the rule to accept substantially equivalent examinations from regional entities for licensure by endorsement.</p> <p>As you know portability for candidates seeking licensure is an important matter. Restricting acceptance of licensure examinations to one agency creates an undue burden for candidates. With the merger of CDCA, WREB and CITA, we at CRDTS have a deep concern about monopolization</p>

		of the testing industry. I'm sure the board will agree that a monopoly is not in the best interest of the Dental Board, the candidates, or the professions.
Rules Committee Response	The Rules Committee agrees with the comment to accept substantially equivalent examinations for licensure by endorsement, which requires a modification to (4) below.	

Rule 1257. (1) An applicant who has never held a dental therapy license in this state and who is not applying by examination may apply for licensure by endorsement by submitting a completed application on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed as a dental therapist in another state is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if he or she meets **the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and** all of the following requirements:

(a) ~~Has graduated~~**Graduated** from a dental therapy educational program that meets the standards in R 338.11302 and provides the department with the original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) ~~Has Passed all parts, written and clinical, of the ADEX examination that is the comprehensive, competency-based clinical examination developed and conducted~~ scored by the CDCA-WREB, a successor organization, or by another regional testing agency, with a converted passing score of not less than 75 on each component of the examination.

(c) Verifies completion of ~~at least~~**not less than** 500 hours of clinical practice in dental therapy, that substantially meets the requirements of R 338.11218, in a dental therapy educational program that meets the standards in R 338.11302.

(d) ~~Verifies his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a dental therapist, including the record of any disciplinary action taken or pending against the applicant.~~ **Discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.**

(e) **Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.**

~~(e)~~**(f)** Has held a license as a dental therapist **that is active and** in good standing in another state ~~30 days~~**for 1 year** before filing an application in this state.

(g) Submits proof of current certification in BSL or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(3) The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any other~~ **another** state for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

(4) For purposes of this rule, subject to subrules (5) and (6) of this rule, the board may approve a dental therapist clinical **regional or state board** examination ~~of another state board~~ if the examination is substantially equivalent to all parts of the **ADEX examination**, a comprehensive, competency-based clinical examination developed ~~and scored~~ by the CDCA-**WREB**, or a successor organization. A passing score on a substantially equivalent examination is the score recommended by the sponsoring organization. ~~At~~ **However, an** applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination.

(5) To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider at least the following factors:

- (a) Subject areas included.
- (b) Detail of material.
- (c) Comprehensiveness.
- (d) Length of an examination.
- (e) Degree of difficulty.

(6) To demonstrate substantial equivalency as specified in subrules (4) and (5) of this rule, an applicant may be required to submit materials, including **any of** the following:

- (a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.
- (b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards that were in effect at the time of the examination.
- (c) An affidavit from a state licensing board or examination agency that describes the examination.

Rule 338.11259 Licensure by endorsement of dental hygienists; requirements.

Rule Numbers	Commenter	Comment
Section (2)(c)(d) and (4) to (6)	Cobler/CRDTS	Modify the rule to continue to accept substantially equivalent examinations for licensure by endorsement. Accept CRDTS as a substantially equivalent examination for licensure by endorsement. I am the Executive Director for Central Regional Dental Testing Service, Inc. (CRDTS) and

		<p>recently came across this document Acceptable-Dentistry-Exams.pdf (michigan.gov) under Licensing Information on the Michigan Board of Dentistry website. CRDTS was unaware of this recent change to exclude the CRDTS examinations as a pathway toward dental and dental hygiene licensure.</p> <p>As the CRDTS dental and dental hygiene exams are “substantially equivalent to the ADEX examination” pursuant to R 338.11255 and R 338.11259, we formally request that Michigan revisit this matter.</p> <p>As you know portability for candidates seeking licensure is an important matter. Restricting acceptance of licensure examinations to one agency creates an undue burden for candidates. With the merger of CDCA, WREB and CITA, we at CRDTS have a deep concern about monopolization of the testing industry. I’m sure the board will agree that a monopoly is not in the best interest of the Dental Board, the candidates, or the professions.</p>
<p>Rules Committee Response</p>	<p>The Rules Committee agrees with the comment to continue to accept substantially equivalent examinations for licensure by endorsement, which requires modifications to (c), (3), (4), and (5) below.</p>	

Rule 1259. (1) An applicant who has never held a ~~registered dental hygienist~~RDH license in this state and who is not applying by examination may apply for licensure by endorsement by submitting a completed application, on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed in another state as a dental hygienist is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if he or she meets **the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and** all of the following requirements in subdivisions (a) to ~~(e)~~**(g) of this subrule**, subject to ~~subdivisions (f) and (g) subrules (3) to (5) of this rule:~~

(a) Has graduated from a dental hygiene educational program that meets the standards provided in R 338.11303 and provides the department with the original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Has passed all phases of the ~~national board examination for dental hygienists~~NBDHE. This requirement is waived for persons who graduated from an accredited school before 1962.

~~(c) Verifies his or her license, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a dental hygienist license including the record of any disciplinary action taken or pending against the applicant.~~

~~(d)(c)~~ Submits proof of successful completion of a written and clinical examination that is substantially equivalent to the examinations required **Until 6 months after the effective date of these rules, the** The applicant submits proof of successful completion of a regional examination or state board examination that was required as part of the licensing process of the state where the applicant holds his or her license, and is substantially equivalent per R 338.11257(5), to all parts, written and clinical, of the ADEX examination required in R 338.11223(2) and (3) that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency. If the applicant has passed a regional examination or state board examination the applicant may petition the board for review of the regional examination or a state board examination for a determination that it is substantially equivalent under R 338.11257(5) and (6), to all parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB. A passing score on a substantially equivalent examination is the score recommended by the sponsoring organization. However, an applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination. **Beginning 6 months after the effective date of these rules, the applicant shall have passed all parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency** required in R 338.11223(2). This requirement is waived for individuals who were licensed initially in another state of the United States before 2002 and who were not required to complete a regional examination as part of the initial licensing process as confirmed by the state of the United States in which the initial license was awarded.

~~(e)(d)~~ **Has held** Holds a license as a dental hygienist that is active and in good standing in another state ~~30 days~~ for at least 1 year before filing an application in this state.

(e) Discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.

(f) Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(g) Submits proof of current certification in BSL or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(f)(3)~~ **Until January 1, 2029, if an** An applicant who is licensed and is practicing as a dental hygienist in another state that requires ~~required~~ the successful completion of a regional examination or state board, and the applicant has been practicing in the United States for a minimum of 3 years immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirements of subdivisions (a), (b), and (d) of this subrule. **subrule (2)(a), (b), and (c) of this rule.**

~~(g)(4) Until January 1, 2029, if an~~ **An applicant is who is licensed and is practicing as a dental hygienist in another state that does not require the successful completion of a regional examination and the applicant has been practicing in the United States for a minimum of 3 years immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirement of subdivisions (a) and (b) of this subrule. subrule (2)(a) and (b) of this rule. The applicant may petition the board for a determination that the applicant's credentials are substantially equivalent to the requirements for licensure by endorsement instead of taking an examination.**

~~(5) Beginning January 1, 2029, an applicant who is licensed and is practicing as a hygienist in another state for a minimum of 3 years immediately preceding the application for licensure in this state, that passed the ADEX examination, meets the requirements of subrule (2)(a), (b), and (c) of this rule.~~

(65) An applicant who currently holds a license as a dental hygienist in Canada but who has never been licensed as a dental hygienist in this state may apply for a license by endorsement and is presumed to meet the requirements of section 16186 of the code, MCL 333.16186, if he or she meets the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, requirements of section 16174 of the code, MCL 333.16174, submits a completed application on a form provided by the department together with the requisite fee, and provides proof of all of the following:

(a) The applicant's Canadian license is active and in good standing for at least 1 year before filing an application in this state.

(b) The applicant has passed 1 of the following:

(i) The National Dental Hygiene Canadian Exam written examination and the ADEX clinical examination.

(ii) All parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency.

(c) The applicant has graduated from 1 of the following:

(i) A dental hygiene program accredited by CDAC with all training completed in Canada.

(ii) A dental hygiene educational program in compliance with the standards in R 338.11303.

(f) The applicant discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.

(g) The applicant satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(h) Submits proof of current certification in BSL or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(3)~~**(6)** The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any other~~**another** state of the United States for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

~~(4) For purposes of this rule, subject to subrules (5) and (6) of this rule, the board approves and adopts the clinical examinations of other regional testing agencies or state boards if the examinations are considered to be substantially equivalent to all parts, written and clinical, of the ADEX clinical examination that is conducted and scored by the CDCA, a successor organization, or another regional testing agency. A passing score on the clinical examination is the score recommended by the sponsoring organization. An applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination.~~

~~(5) To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider at least the following factors:~~

~~—(a) Subject areas included.~~

~~—(b) Detail of material.~~

~~—(c) Comprehensiveness.~~

~~—(d) Length of an examination.~~

~~—(e) Degree of difficulty.~~

~~(6) To demonstrate substantial equivalency as specified in subrule (4) of this rule, an applicant may be required to submit materials, including the following:~~

~~—(a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.~~

~~—(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards that were in effect at the time of the examination.~~

~~—(c) An affidavit from a state licensing board or examination agency that describes the examination.~~

Rule 338.11401 Definitions.

Rule Numbers	Commenter	Comment
Section (e)	Ackerman/ATDA	The ATDA has concerns that certain provisions of this proposed rule would inappropriately mandate in-person examination requirements for dentists utilizing teledentistry that would, in effect, defeat many of the benefits of teledentistry. Specifically, the new definition of “patient of record” found in proposed Rule 338.11401 would require that a patient must first have an in-person examination before a dentist may utilize teledentistry technologies in the delegation of duties to aid in the treatment of that patient. The proposed language is in direct conflict with the current standard of care for dentistry and would increase costs and decrease access to affordable, quality oral health

		<p>care in Michigan. It is also inconsistent with ATDA guidelines on teledentistry. There is no clinical evidence to support the assertion that patients would be safer if an in-person exam is required – particularly given the seemingly arbitrary 24-month schedule. To the contrary, there are numerous clinical studies which prove that teledentistry is just as effective as traditional dentistry at diagnosing and treating many oral conditions and that many exams can be done effectively through teledentistry technology via appropriate delegation to dental auxiliary staff.</p> <p>The ATDA believes that these proposed rules not only run counter to good public policy generally, but actually also run counter to already established Michigan public policy as well as all the substantive data on oral health access in Michigan.</p> <p>Additional reasons for objection to the change is included in ATDA’s letter.</p>
(e)	Beaver/DHHS	<p>Under definitions Section(e) Patient of Record – we recommend deleting “in-person”. We are especially concerned with the dental workforce shortages and rural areas in Michigan that geographically limit access to care (including persons in nursing homes that have limited or no mobility). Including this requirement in the definition will negatively impact the people that need dental care the most.</p>
(e)	Diers/TechNet	<p>On behalf of TechNet, I am writing to you in opposition to the Department of Licensing and Regulatory Affairs’ proposed rule change to the General Dentistry rules Part 4A, R338.11401 to add language requiring a patient first have an “in-person” examination before a dentist may utilize teledentistry to treat a patient.</p> <p>Innovative health care technologies like teledentistry reduce costs and improve access to care. By meeting the patient where they are, teledentistry can more efficiently and conveniently deliver care to patients, particularly those in underserved areas. Increased use of teledentistry during the COVID-19 pandemic exhibited the efficacy of this approach without the need for any in-person patient visit requirement.</p> <p>The proposed rule will reverse much of the positive impact made by teledentistry so far.</p> <p>Requiring an in-person visit prior to any teledentistry care undermines the convenience and cost benefits of remote care. The proposed rule links remote teledentistry to geography,</p>

		<p>undercutting the ability of teledentistry to reach patients in places that lack traditional, brick-and-mortar dental services. Indeed, according to a 2015 American Dental Association Health Policy Institute study, Michiganders often forgo dental care due to inconveniences related to location and scheduling, or because they simply have trouble finding a dentist.</p> <p>It is our belief that teledentistry should be supported as a tool to practice dentistry and ensure consumers have access to affordable healthcare options within the standard of care in Michigan, without an in-person visitation requirement.</p>
(e)	Horkan/SDC	<p>The proposed “in-person” examination requirement will be an arbitrary barrier on access to treatment without any basis in evidence. In addition to cost, inadequate access to traditional in-person dental care is a leading factor preventing middle- and lower-income consumers from seeking dental and orthodontic services. To put it simply, having to visit a dentist in-person is a structural barrier to care for millions of Michiganders. Inarguably, remote treatment is safe and meets the standard of care for many patient presentations. Scientific and clinical literature regarding remote teledentistry models have found consistent efficacy and effectiveness for teledentistry approaches to patient care. Furthermore, the proposed amendment’s 24-month evaluation period is an arbitrary burden on patients that is not grounded in any evidentiary justification. Every dentist, regardless of the method used to deliver care, is held to the same standard of care for the entire duration of the patient relationship. Decisions regarding care and when in-person visitation is needed should be made on a case-by-case basis by the treating provider. Finally, the amendment language creates uncertainty as to when the in-person visit is required to take place during the 24-month period in order to establish a “Patient of record” relationship. The Department of Licensing and Regulatory Affairs’ proposed rule to add an in-person requirement and arbitrary time mandate for receiving teledentistry care in Michigan is a regressive step in the wrong direction. Additional reasons for objecting to the change is included in SDC’s letter.</p>
(e)	Representative Kahle	<p>This proposed definition change to "patient of record" would require patients be examined "in-person" before any oral healthcare can be rendered regardless of the patient's unique presentation. I am concerned that this rule will add significant costs and will raise barriers to care for patients - particularly working-class and rural patients who already find it difficult to find a convenient and affordable dentist. If this rule is allowed to go into effect, it will - without any clinical justification - arbitrarily block access to oral healthcare that thousands of our constituents want, need, and deserve.</p>

		<p>By unnecessarily mandating an in-person examination — regardless of the standard of care — this proposed change will make accessing oral healthcare even more difficult for the hundreds of thousands of Michiganders that struggle to access regular dental care, instead of easier.</p> <p>Mandating an initial in-person encounter will only exacerbate the disparity in access to oral healthcare.</p> <p>Considering this, it is unclear as to the reversed course, especially given our COVID-19 pandemic experience and the success we experienced with tele-health. Whatever the cause, I believe that it is (1) not sound public policy, (2) will hurt my constituents by limiting their access to care, and (3) attempting to supplant the Legislature's decision on this issue. Additionally, this would make Michigan the only state in the country with this onerous anti-patient requirement.</p>
(e)	Kim/Byte	<p>As the Michigan Board of Dentistry (the “Board”) is aware, the COVID-19 pandemic exacerbated longstanding inequities especially with respect to affordability and accessibility to health care. Many of the communities that faced social, economic, and geographic barriers to accessing dental care and prior to the pandemic were the same communities that were hardest hit by the pandemic. Fortunately, technology has been a powerful tool in reducing health disparities and profoundly changing the way providers deliver health care and the way patients expect to receive care.</p> <p>Acknowledging the pivotal role telehealth played in increasing access to health care throughout the pandemic, the Michigan Legislature passed and enacted a package of bills aimed at expanding telehealth in the state. See House Bills 5412-5416 (2020) (“Telehealth Package”). In her signing letter to the Legislature, Governor Whitmer emphasized that “the virtues of telemedicine are not unique this moment, so Michiganders will benefit from reduced costs, increased accessibility, and lower transmission rates of infectious diseases at the doctor’s office for years to come.” Unfortunately, the Proposed Rule could undermine the legislative intent of the Telehealth Package and effectively decrease access to safe and affordable oral health care currently available across the state.</p> <p>As drafted, Rule 338.11401(e) of the Proposed Rule could be interpreted to require an in-person</p>

		<p>examination before any dental care can be provided. However, any dentist who seeks to provide services—whether in person or via telehealth modality—to a Michigander would need to be licensed in the state and thus would already be subject to the Dental Board’s oversight. Thus, this provision would unnecessarily inhibit access to dental and orthodontic services by implementing arbitrary and clinically unjustified administrative barriers that would make it much harder for patients to receive high-quality, affordable care via teledentistry in a safe and effective manner.</p> <p>Moreover, there does not appear to be any clinical or patient safety justification for imposing this requirement. In fact, the Board of Dentistry Rules Committee Work Group expressly rejected a previous attempt to make similar changes to the definition of “patient of record” in 2020. The American Association of Orthodontists proposed adding “in-person” to the definition of “patient of record” and the Rules Committee responded that it:</p> <p style="padding-left: 40px;">does not agree with the comment to add “in person” to the definition of “patient of record” as this requirement is inconsistent with the concept of telemedicine and the dentist or dental therapist should be the professional to make the determination of whether they must examine and diagnose the patient “in person.”</p> <p>Thus, as currently drafted, the Proposed Rule could protect brick-and-mortar practices at the expense of most pertinently low-income, marginalized, and traditionally underserved communities who have utilized teledentistry throughout the pandemic to access the dental and orthodontic care they want and need.</p>
(e)	Mick/Thomas - AAO/MAO	<p>We propose adding language to Part 4, Delegation and Supervision, R 338.11401 Definitions, (e) “Patient of Record.” The AAO supports language to clarify that performing an in-person examination must occur prior to dental, and especially orthodontic, treatment because it would allow the treating dentist to more fully understand what is going on beneath the gums (impacted teeth, bone loss, etc.), seek to avoid complications, and in the case of orthodontists, determine if patients are suitable candidates for orthodontic treatment. The AAO believes there are certain diagnoses and evaluations that can only be performed in-person or are best performed in-person (x-rays, etc.) during an examination, and the AAO believes that dental treatment, especially the movement of teeth via orthodontic treatment, should not be undertaken without sufficient diagnostic information obtained during such an examination. The AAO’s proposed revisions are in red.</p>

		<p>(e) “Patient of record” a patient who has been examined, evaluated, and diagnosed with a resulting treatment plan by a dentist, or dental therapist to the extent authorized by the supervising dentist, in-person at least once every 24 months. 12 months.</p>
(e)	Senator VanderWall	<p>This proposed definition change to “patient of record” would require patients be examined “in-person” before any oral healthcare can be rendered regardless of the patient’s unique presentation. I am concerned that this rule will add significant costs and will raise barriers to care for patients - particularly working-class and rural patients who already find it difficult to find a convenient and affordable dentist. If this rule is allowed to go into effect, it will - without any clinical justification - arbitrarily block access to oral healthcare that thousands of our constituents want, need, and deserve.</p> <p>By unnecessarily mandating an in-person examination – regardless of the standard of care – this proposed change will make accessing oral healthcare even more difficult for the hundreds of thousands of Michiganders that struggle to access regular dental care, instead of easier.</p> <p>Mandating an initial in-person encounter will only exacerbate the disparity in access to oral healthcare.</p> <p>The Board of Dentistry Rules Committee considered this very same definition change in 2020. At the September 29, 2020 Board of Dentistry Rules Committee Work Group on these rules, they summarily dismissed an American Association of Orthodontists’ proposal to add “in-person” to the definition of “patient of record.” In dismissing the amendment, the Rules Committee stated the following:</p> <p>“The Rules Committee does not agree with the comment to add “in person” to the definition of “patient of record” as this requirement is inconsistent with the concept of telemedicine and the dentist or dental therapist should be the professional to make the determination of whether they must examine and diagnose the patient in person.”</p> <p>Considering this, it is unclear as to the reversed course, especially given our COVID-19 pandemic experience and success with tele-health. Whatever the cause, I believe that it is (1) not sound public</p>

		<p>policy, (2) will hurt my constituents by limiting their access to care, and (3) attempting to supplant the Legislature’s decision on this issue. Additionally, this would make Michigan the only state in the country with this onerous anti-patient requirement.</p>
(e)	Representative Witwer	<p>This proposed definition change to “patient of record” would require patients be examined “in-person” before any oral healthcare can be rendered regardless of the patient’s unique presentation. I am concerned that this rule will add significant costs and will raise barriers to care for patients - particularly working-class and rural patients who already find it difficult to find a convenient and affordable dentist. If this rule is allowed to go into effect, it will - without any clinical justification - arbitrarily block access to oral healthcare that thousands of our constituents want, need, and deserve.</p> <p>By unnecessarily mandating an in-person examination – regardless of the standard of care – this proposed change will make accessing oral healthcare even more difficult for the hundreds of thousands of Michiganders that struggle to access regular dental care. According to Pew Research, more than 1.7 million residents of the state live in areas with dentist shortages. Furthermore, the Centers for Medicare & Medicaid Services reports that 58% of Michigan children on Medicaid—more than 630,000 kids—did not see a dentist in 2019. The American Dental Association’s Health Policy Institute, in a survey study of Michigan patients, found that 25% of Michiganders avoided smiling due to the condition of their mouth and teeth – with that number jumping to 41% for low-income residents. And for those Michiganders who have not seen a dentist in the past 12 months, 51% did not do so because of cost and 34% did not do so because they could not find a convenient location or time to visit the dentist. Similarly, these categories have even more drastic disparities for low-income residents.</p> <p>Mandating an initial in-person encounter will only exacerbate the disparity in access to oral healthcare.</p> <p>The Board of Dentistry Rules Committee considered this very same definition change in 2020. At the September 29, 2020 Board of Dentistry Rules Committee Work Group on these rules, they summarily dismissed an American Association of Orthodontists’ proposal to add “in-person” to the definition of “patient of record.” In dismissing the amendment, the Rules Committee stated the following:</p>

		<p>“The Rules Committee does not agree with the comment to add “in person” to the definition of “patient of record” as this requirement is inconsistent with the concept of telemedicine and the dentist or dental therapist should be the professional to make the determination of whether they must examine and diagnose the patient in person.”</p> <p>It is unclear why the Board has reversed course, especially given our COVID-19 pandemic experience and success with tele-health. Whatever the cause, I believe that it is (1) not sound public policy, (2) will hurt my constituents by limiting their access to care, and (3) attempting to supplant the Legislature’s decision on this issue. Additionally, this would make Michigan the only state in the country with this onerous anti-patient requirement.</p> <p>It is my hope that the Board will make the necessary amendment to this section of the proposed rules and will remove the in-person examination mandate.</p>
<p>Rules Committee Response</p>	<p>(e): The Rules Committee discussed the comments to remove the in-person requirement. There is not a consensus to modify the provision. However, as many of the comments stated that the in-person requirement would limit telehealth, which was not the intent of the Board, the Rules Committee recommends that language be added to the telehealth section that states “the in-person requirements in the definition of patient of record does not limit telehealth unless functions are delegated or assigned to allied dental personnel.”</p> <p>The Rules Committee discussed the options available to a provider following a telehealth visit as follows:</p> <ol style="list-style-type: none"> 1) Prescribe medication; 2) refer the individual to a dental office or a specialist; 3) refer to a hospital (ER possibly); 4) do nothing other than educating the patient and answering their concerns; and 5) provide education or instruction or provide information on how to obtain the education or instruction. <p>In all cases the telehealth visit must be documented, and the documentation must be retained and maintained. Bentley was concerned that the in-person requirement would limit access to care.</p> <p>(e): The Rules Committee does not agree with the comment to require an in-person contact with a dentist once every 12 months because 12 months is too restrictive.</p>	

Rule 1401. As used in this part:

(e) “Patient of record” means a patient who has been examined, **evaluated**, and diagnosed **with a resulting treatment plan** by a dentist, **or dental therapist to the extent authorized by the supervising dentist, in-person at least once every 24 months.** ~~and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist.~~ A patient of record includes a patient getting radiographic images by allied dental personnel with training pursuant to R 338.11411(a) after receiving approval from the assigning dentist or dental therapist.

Rule 338.11411 Delegated and assigned dental procedures for allied dental personnel.

Rule Numbers	Commenter	Comment
Part 4A and Table	Gietzen	I would like to officially submit comments regarding the Administrative Rules for Dentistry – General Rules Set 2021-40 LR. I have noticed several areas of concern throughout the existing rules and the proposed draft rules. Most notably the areas of dental assisting and dental auxiliaries. I do have concerns regarding the change from DA to UDA. There are also concerns regarding the area of specialty licensing and advertising rules. The current rules were made before the internet and current technology. They are out of sink with today’s practice environment and current dental education particularly when it comes to assisting duties and assignment of those duties. With safety in mind, the rules and proposed rules changes do not address the best interests of the public and do not meaningfully protect the public. Most notable are the rules and assigned delegations laid out in Part 4A and Table 1. The rules are also restricting able bodied people from accessing employment that could provide meaningful wages and provide more access to care in the State of Michigan. The current format and content for educating RDAs and RDHs does not provide what is necessary for an orthodontic assistant. Any training in orthodontics has continued to decline since the addition of expanded functions for RDAs. The current schools in which one can become a licensed registered dental assistant are not graduating enough assistants to meet the current needs of our state. Also there is no reason for a person trained as an RDA to be an orthodontic assistant. It is rare to even get an RDA to apply for such a position because it is not their training and there is a difference in wages between an expanded function RDA in a general dental office and an assistant in an orthodontic office. To further restrict the duties of DAs/UDAs or to not take full consideration into the duties that can be safely done under the supervision of an orthodontist or licensed dentist is a detriment to the health, safety, and well-being of the people of the State of

		Michigan and also the economy in our State. The current rules and proposed rules do not take all of the above issues into consideration and need to be revised to reflect the current state of affairs in dentistry.
Part 4A and Table	Whitman-Herzer/Council of Michigan Dental Specialties, Inc.	Changes in the delegation of assignment for DAs/UDAs assisting procedures involved with orthodontic treatment. Changes in the existing rules and the proposed rules in Part 4A and Table I to support the current state of dental care in Michigan as well as accurately reflect current dental education, and address the shortfalls happening with access to care and restricting meaningful employment in our State.
Section (1)	Hoppes/MDAA	<p>We commend the department and board for taking very seriously the need to assure that the public is being treated by knowledgeable and competent staff.</p> <p>MDAA feels that that there is a large disconnect which occurs when new on the job trained assistants are hired and feel that there is a need for them to know the duties they can perform and under what level of supervision.</p> <p>Rationale: Many on the job trained assistants never see a chart of allowable duties and this is considered a very weak link in our profession. In addition, this may assist in reducing the number of duties being performed outside their scope of practice and will in turn potentially reduce the potential for causing patient harm. The MDAA specifically wants this statement to say that the dentist must provide and explain the duties chart rather than put this off on another employee to do. Since review of duties annually is now required for all licensed dental professionals, it is important that the unlicensed also acquire this knowledge as well.</p> <p>We therefore recommend the following:</p> <p>Add a (c) “The employer dentist must provide the unregistered dental auxiliary with a current copy of the delegation of duties chart and the dentist must explain the levels of supervision.”</p>
(1)(a)	Hoppes/MDAA	MDAA is not in favor of lowering the level of supervision from General to Assignment allowing the unlicensed dental auxiliary to expose radiographs when the dentist is not on the premise unless the proposed change to Rule 338.11411 above remains in the language.

		Rationale: MDAA feels that if any dental professional is going to see a patient potentially alone in the office that they must have CPR training to be prepared to deal with medical emergencies, have infection control training and as mentioned above also know the allowable duties.
(2)	Tseng	Modify the last few words of the last sentence to – “under section 16611 of the code, MCL 333.16611, and as provided in Table 1.”
(3)(bb)	Tseng	Change the reference to absorbent points to paper points for consistency with language used in the RDA test.
(3)(h), (i), (j), (k), (l), and (y)	Monticello	<p>Change items (h), (i), (j), (k), (l), and new (y) to “D”, Direct Supervision, would allow orthodontically trained Dental Assistants to safely perform these tasks under the direct supervision of their orthodontist.</p> <p>In 1992, the MAO Board discussed the 1978 Public Health Code Act 368. We reviewed licenses, dentists, specialists, assistants, hygienists and advertising in Michigan. I was instrumental in the relicensure of Specialists vs. simple Certification. In 1992 the Rules were interpreted to have been created to be inclusive of all assistants while still recognizing those who chose to further their skill and knowledge in general dentistry to obtain their RDA status with additional procedures and supervisory privileges.</p> <p>Orthodontic assistants were trained by their specialist doctor and directly supervised. Times have changed since 1978 with evidenced based research, new materials, growth and development techniques, 3-D modeling, digital scanning, predictive outcomes, combined aligner/braces treatment, skeletal anchorage and functional appliance therapy. The orthodontic assistant of 2022 is not the same as 1978.</p> <p>In my practice I employ dental assistants that have completed 12 months of Grand Rapids Community College Dental Assistant education with radiology certification. I then provided specialty training and paid for the 6 month Trapezio orthodontic assistant training covering 12 chapters including anatomy, instrumentation, techniques, infection control, PPE, band sizing and fitting, wire and elastic placement, tooth preparation, bonding techniques, indirect bonding protocols, orthopedic appliance placement, oral hygiene instruction and management and more. I then paid for their time, travel, housing and testing fee at Los Vegas, NV at the AAO annual</p>

		<p>session where they both passed the half-day clinical examination and earned their Certification</p> <p>The draft Rules would negate all this training and knowledge and 22 years of experience and not permit them to continue to work legally.</p> <p>RDA's have expanded general dentistry knowledge but not orthodontic specialty training or ability. They would require the same amount of additional orthodontic training to be safe and proficient for patient treatment. I understand RDA's are ideal for a general dental practice with the expanded clinical training and privileges. However, they do not have training in many of the necessary tasks in an orthodontic practice. The current Rules and the Draft rules changes do not address these concerns and specifically prohibit dental assistants, who might be specifically trained in orthodontics, from safely completing tasks.</p> <p>These changes do not impact the defined privileges for Registered Dental Assistants or Hygienists, but they do allow for UDAs and trained dental assistants to accomplish tasks under the appropriate level of supervision.</p> <p>These modifications to the current Dentistry General Rules will help address workforce challenges while also enhancing access of patient care to specialty services.</p>
(3)(h), (i), (j), (k), (l), and (y)	<p>Mick/Thomas - AAO/MAO</p> <p>50 individual letters supporting this change</p>	<p>Similar to orthodontists in many other states, Michigan dentists are feeling the effects of a shortage of workforce, and specifically, are having a difficult time finding and hiring dental assistants, and more specifically, orthodontic assistants. As the Dental Administrative Rules currently state, and present in the current Draft rule changes, only Registered Dental Assistants (RDAs) are allowed to carry out many of the tasks orthodontists require, and yet, RDAs are not trained to accomplish these tasks. Becoming an RDA requires a two-year degree or certificate from a CODA-accredited program in advanced general dentistry techniques, a Board exam, a background check, licensure application, annual CE requirements and associated costs. Dental assistants today who frequently complete a 12-month Dental Assisting class at a Community College at their own expense- and with specialty-specific training from the orthodontist/dentist or from a specific orthodontic assistant training program can be better suited for tasks specific to an orthodontist's office.</p>

		<p>Also, RDAs would need to complete additional specialty training to understand how to work for an orthodontist, and there are not enough RDAs available to serve as orthodontic assistants in Michigan. Becoming a dental assistant is a much easier path for the dental workforce. It requires a course in dental radiography (with equipment not used in a specialty office) but is part of the dental assisting classes before a dental assistant can begin on-the-job specialty training.</p> <p>All orthodontists became general dentists prior to completing a 2–3-year residency to become orthodontists. Dentists understand RDAs are ideal for general dental practice with expanded clinical training and privileges. However, RDA’s do not have training in orthodontic band size selection and fitting; the clinical difference in twin brackets; clear brackets; acrylic verses ceramic brackets; auto-ligation brackets; lingual brackets; wire ties verses elastomeric modules; arch wire placement; safety/treatment concerns of round wire vs. rectangular wire; sizing and placement of coil spring; utilization of FORSUS and Carriere appliances; elastic placement; placement of Kobiashi hooks; placement of temporary aligner attachments; critical inspection of aligner fit; aligner hygiene instruction; retainer clasp adjustment; digital panorex; lateral and A-P cephalometric radiography; activation of temporary skeletal anchorage devices (TADs); and critical clinical photography.</p> <p>The current Rules and the Draft rules changes do not address these concerns and specifically prohibit dental assistants, who might be specifically trained in orthodontics, from safely completing tasks. Yet, untrained RDAs do have the authority.</p> <p>In an orthodontist’s office, it is commonplace that both an RDA and dental assistant, without any specific training outside of the training and education required, would need the same amount of teaching and practice in orthodontic procedures once in an orthodontist’s office. Since dental assistants have a shorter pathway to become eligible to work in a dental office, allowing dental assistants to perform certain orthodontic tasks under direct supervision is not only a practical request, but it is one solution to help the workforce issues Michigan dentists are facing.</p> <p>To better meet the needs of modern orthodontic practices, the AAO and MAO advance the following delegated and assigned dental procedures changes for Unlicensed Dental Auxiliaries</p>
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		<p>(UDA). We believe that with the required education and proper training, UDAs can, and are able to, perform the outlined tasks under the direct supervision of a dentist without jeopardizing patient safety or care.</p> <p>Expanding the authority of UDAs to perform the orthodontic tasks outlined above and under the direct supervision of an orthodontist supports patient health and safety. through the in-office and third-party training being provided to orthodontic dental assistants. The requested changes are consistent with equivalent auxiliaries and their allowable duties in several other states, including Illinois, Wisconsin, and Ohio. Unfortunately, Michigan’s Rules do not reflect this reality.</p> <p>We ask that you consider allowing orthodontic tasks to be delegated to the proposed UDA, currently Dental Assistant, (with Direct Supervision) rather than only RDAs. Currently, Dental Assistants are not permitted to do those tasks. This will help address the acute shortage of orthodontic assistants (RDAs) in the Michigan workforce and incentivize more individuals becoming a dental assistant We ask that you consider the following changes to Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel to allow dental assistants—or proposed unregistered dental auxiliaries- to perform certain orthodontic tasks under direct supervision. Our proposed changes are also displayed in Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel.</p> <p>These changes would not impact the defined privileges for Registered Dental Assistants or Hygienists. Instead, they would allow specialist dental assistants and trained dental assistants to accomplish tasks under the appropriate level of supervision. These modifications to the current Draft Changes of LARA’s Dentistry General Rules help create workforce solutions will improve access of patient care to specialty services.</p>
(3)(h), (i), (j), (k), (l), and (y)	Swan	<p>Most important to me and my orthodontic colleagues is that the way the rules are currently written – as well as the proposed revisions – make the practice of orthodontics in Michigan virtually impossible. I am referring specifically to Rule 338.11411, which refers to MCL 333.1611 Table 1: Delegated and Assigned Dental Procedures for Allied Dental Personnel.</p> <p>I’ve been in practice for 15 years, and over that time have seen an expansion in the duties allowed</p>

		<p>for an RDA. These changes have undoubtedly been good for dental patients, and have expanded access as general dentists are able to delegate out more portions of procedures and increase the number of patients they can service on a given day. However, as more and more skills have been added to the RDA curriculum, available class time has run out. What has been eliminated has, in most cases, been specialty care. So as an orthodontic specialist, when I hire a recently graduated RDA, I still have to train them in almost every skill in my office before I can allow them to work on my patients. There is virtually no time or education savings for me to hire an RDA versus to train an on-the-job dental assistant. In addition, most general dentists utilize one or two chairside assistants. Due to the highly delegated nature of orthodontic work, each orthodontist might require four to eight chairside assistants. At our local community college, the RDA class has not even been full the last few years. And sadly, many of the graduates in my experience consider dental assisting to be a good career while they are young, and then “retire” to have a family. There are simply not enough RDAs to service our orthodontic offices. And while the CDA to RDA programs have been great for many of my general dentist colleagues, we are not equipped to teach packing amalgam and other general dentistry skills in our offices. Therefore, this pipeline is entirely closed to our specialty. This has been a challenge for years, and creates an unnecessary barrier to employment.</p> <p>(h) – There is no reason a dental assistant cannot be trained to safely remove bands, brackets, and adhesives with a rotary instrument. This is legal in several other states, and they do not see large numbers of patients with permanent harm after orthodontic appliance removal. Especially in this age of electric handpieces, where the top speed can be programmed in for each use, this does not present a significant risk. There are burs designed to remove only adhesive and not cut enamel. This can be done safely, and individual orthodontists are more than capable of providing this training on a one-on-one basis.</p> <p>(i) The above logic can also be applied to polishing of teeth. This is a necessary step in the orthodontic bonding process to remove the pellicle, and with currently available equipment the rotation of the prophy cup can be throttled at a very safe speed while still achieving the goal. Orthodontists are more than capable of providing this equipment and training to their assistants.</p> <p>(j) Etching the enamel prior to the application of brackets or aligner attachments is also something</p>
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		<p>that is no longer taught in the RDA programs. The current table shows an asterisk indicating 10 hours of didactic and clinical training is needed before even an RDA can perform this task. This type of training does not exist. Our local program (GRCC) provides a half-day on orthodontic procedures, and that doesn't happen every year. Again, orthodontists are more than capable of training this skill on a one-on-one basis. No orthodontist wants an etch accident, and no orthodontist would let an assistant of any training level work on their patients without proper training in this as determined by that orthodontist.</p> <p>(k) and (l) I can think of no content in the RDA curriculum that would assist in performing either of these skills. Again, the individual orthodontist provides all relevant training.</p> <p>(y) Most orthodontic impressions – or digital scans – are used for dual purposes: first as a study model, and then for the appliance fabrication. It has long been unnecessary to require different levels of training or supervision when they are typically used for both purposes. This clearly indicates there is no difference in the quality level between the two for orthodontic purposes.</p> <p>Hopefully this has provided some enlightenment into why the current rules are unrealistic for orthodontists in Michigan. This artificial barrier to employment of capable people willing to work and be trained should not continue. There are simply not enough RDA educational seats, nor enough time in their curriculum to teach the orthodontic skills in addition to the other requirements. The CDA to RDA pathway is not an option for orthodontists. And in addition, the “extra” training courses for the RDAs to perform some of our most common procedures don't even exist.</p> <p>If anything, all of the orthodontic specialty tasks should be allowed to be performed by any dental assistant under either direct or general supervision, and the orthodontist should be solely responsible for the training. We are doing the training now anyway, and the results reflect on our professional licenses regardless. If the Board feels it is necessary, an endorsement policy could be put into place requiring certain hours of didactic and clinical instruction that the orthodontist could attest to. This would fill the gap that has been left, as no existing assistant training programs provide actual training for orthodontic assistants.</p>
(3)(m)	Swan	(m) See the comments for (h) above. Also, it seems like RDA's are allowed to use hand

		instruments to remove cement, and then also not allowed to use hand instruments to remove cement? However, I have no objection to restricting their adhesive or cement removal to supragingival areas. (Though I'm sure some of my colleague would disagree...)
(3)(n)	Mick/Thomas - AAO/MAO 50 individual letters supporting this change	Change new item (n) to “A” would allow orthodontic assistants to provide counseling to patients for optimal oral health and diet with multiple orthodontic and orthopedic therapies.
(3)(n)	Swan	(n) Most of the nutritional counseling provided in orthodontic offices is to discuss foods that should be avoided to prevent bracket breakage, or to prevent decalcification. This is fairly straightforward, and any clinical or nonclinical employee in the office should be able to discuss this with patients. To make it any other way seems like it actually does more harm than good – I want patients hearing about these things in as many ways and from as many people as possible in my office.
(3)(p)	Swan	(p) Looking around with a mouth mirror and recording findings which will be verified by the doctor does not harm anyone. This is a skill that can be trained in office, since what the orthodontist is looking for is often much different than what a general dentist is looking for.
(3)(r)	Swan	(r) Again, due to the risk of decalcification, application of fluoride and fluoride varnishes is a routine part of orthodontic visits. There is no part of the RDA education (that can't be replicated with individual training by the orthodontist) that makes a licensed assistant more qualified to perform this task.
(3)(v)	Mick/Thomas - AAO/MAO 50 individual letters supporting this change	Modify item (v) and delete “and bands” as that is redundant to item (e).
(3)(v)	Swan	(v) Sizing of bands is a reversible procedure, and a dental assistant of any training only learns to do this well via repetition. Certainly, an on-the-job trained dental assistant can safely perform this procedure under at least direct supervision.

(3)(w)	Mick/Thomas - AAO/MAO 50 individual letters supporting this change	Keep (w) Temporarily cementing and removing temporary crowns and bands, and add “A”, Assignment, to UDAs.
Rules Committee Response	<p>(1): The Rules Committee agrees with the comment to include language in the rule that the dentist must provide the UDA with a copy of the delegation of duties table and explain the levels of supervision.</p> <p>(1)(a): The Rules Committee will not address this comment as it is moot if the recommendation above is made to the rules.</p> <p>(3): The Rules Committee agrees with the comment to modify the last few words of the last sentence to – “under section 16611 of the code, MCL 333.16611, and as provided in Table 1.”</p> <p>(3)(bb): The Rules Committee agrees to modify the term “absorbent points” to “paper points” for consistency with language used in the RDA test.</p> <p>(3)(h), (i), (j), (k), (n), (p), (r), (v), and (y): The Rules Committee agrees with the comments to modify the table and allow UDA’s to handle the functions in (h), (i), (j), (k), (n), (p), (r), (v), and (y) with direct supervision. Function (r) shall further state that UDA’s may not place sealants. Functions (i), (j), (k), (n), (p), (r), (v), and (y) will require training as follows: A dentist shall delegate these procedures to a UDA only if the UDA has successfully completed an in-person or virtual training with performance evaluations on the following functions:</p> <ul style="list-style-type: none"> • Polishing assigned teeth with a slow-speed rotary hand piece immediately before an acid etch procedure. • Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners. • Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners. • Providing nutritional counseling for oral health and maintenance. • Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion. • Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications. • Temporarily cementing and removing temporary crowns and bands. • Taking impressions for intraoral appliances including bite registrations. <p>(3)(v): The Rules Committee agrees with the comment to modify (v), delete “sizing”, as it is redundant to (e).</p>	

(3)(w): The Rules Committee disagrees with the comment to make this function under assignment for the UDA, because training and direct supervision of the dentist are necessary.

(3)(l) and (m): The Rules Committee does not agree with allowing the UDA to handle these functions as the doctor or orthodontist is present during the placement of the appliance and removal of excess cement.

Rule. 1411. (1) Before a dentist may delegate a function to a UDA ~~unregistered dental auxiliary~~ the UDA ~~unregistered dental auxiliary~~ shall meet both of the following:

(a) Submit proof of current certification in BSL or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before ~~receiving the license~~ ~~delegation or assignment~~.

(b) Submit proof of attending training of at least 1 hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC’s infection control guidelines.

(2) Before a dentist delegates functions to a UDA the dentist shall provide to the UDA a copy of the delegation and assigned duties in Table 1 and shall explain the levels of supervision.

(23) Except for the functions a dentist may delegate to a dental therapist, A dentist or dental therapist may only assign or delegate procedures to an ~~unlicensed or licensed individual, including a unlicensed dental assistant~~ UDA, ~~registered dental assistant~~ RDA, or ~~registered dental hygienist~~ RDH under the provisions of section 16611 of the code, MCL 333.16611, ~~and~~ as provided in Table 1.

(3) Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel

	UDA	RDA	RDH	Procedure
(a)	G A	A	A	Operating of dental radiographic equipment. A DA A UDA shall have successfully completed complete a course in dental radiography that is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11302, R 338.11303, or R 338.11307. A dentist may delegate necessary radiographs for a new patient to an a UDA, RDA or RDH.
(b)	G	A	A	Instructing in the use and care of dental appliances.
(c)	G	A	A	Taking impressions or digital scans for study and opposing models and matrices for temporary crowns and bridges.
(d)	G	A	A	Applying nonprescription topical anesthetic solution.

(e)	G	A	A	Trial sizing of orthodontic bands.
(f)	D	A	A	Placing, removing, and replacing orthodontic elastic or wire separators, arch wires, elastics, and ligatures.
(g)	D	A	A	Dispensing orthodontic aligners.
(h)	D	D	A	Removing orthodontic bands, brackets, and adhesives with non-tissue-cutting hand hand instruments only. Use of high-speed rotary instruments is not in the scope of practice of a UDA, RDA, or RDH.
(i)	D**	A	A	Polishing specific assigned teeth with a slow-speed rotary hand piece immediately before a-an procedure that requires acid etch procedure etching before placement of sealants, resin-bonded orthodontic appliances, and direct restorations.
(j)	D**	G*	G*	Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners.
(k)	D**	D	D	Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners.
(l)		A	A	Removing excess temporary cement from supragingival surfaces of a tooth with a non-tissue cutting instrument hand instruments only.
(m)			A	Removing orthodontic or other cements from supragingival or subgingival surfaces with hand instruments or powered scaling instruments.
(nn)	D**	A	A	Providing nutritional counseling for oral health and maintenance.
(no)	A	A	A	Applying Providing commonly accepted medical emergency procedures.
(op)	D**	A	A	Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion.
(p)		A	A	Preliminary examination including classifying occlusion.
(q)		A	A	Placing and removing dental dam.
(r)	D**	A	A	Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications. UDAs may not place sealants.
(s)		A	A	Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following a procedure for occlusal adjustment.
(t)		A		Fabricating temporary restorations, and temporary crowns, and temporary bridges.
(u)		A	A	Placing and removing a nonmetallic temporary or sedative restoration with non-tissue cutting

				instrument instruments.
(v)	D**	A	A	Sizing Temporarily cementing and removing of temporary crowns and bands.
(w)		A	A	Temporarily cementing and removing temporary crowns and bands.
(xw)		G*	A	Preliminary examination including performing pulp vitality testing.
(yx)		G*	A	Applying desensitizing agents.
(zy)	D**	G*	A	Taking impressions for intraoral appliances including bite registrations.
(aaz)		G*		Placing and removing matrices and wedges.
(b ba a)		G*		Applying cavity liners and bases.
(e eb b)		G*		Drying endodontic canals with absorbent paper points.
(d dc c)		G*		Placing and removing nonepinephrine retraction cords or materials.
(e e)		A	A	Placing and removing post extraction and periodontal dressings.
(f dd)		D	A	Removing sutures.
(g ge e)		D	A	Applying and dispensing in-office bleaching products.
(h hff)		G	G	Prior to Before cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations. After cementation, removing excess cement from around restorations.
(i gg)		D***		Placing, condensing, and carving amalgam restorations.
(j hh)		D***		Placing Class I resin bonded restorations, occlusal adjustment, finishing and polishing with non-tissue cutting slow-speed rotary hand pieces.
(k kii)		D***		Taking final impressions for direct and indirect restorations and prosthesis including bite registration, intra-oral imaging, and in-office fabrication of restorations.
(Hjj)		D	D	Assisting and monitoring the administration of nitrous oxide analgesia by a dentist or the RDH. A dentist shall assign these procedures only if the RDA or RDH has successfully completed an approved course that meets the requirements of section 16611(7) of the code, MCL 333.16611, with a minimum of 5 hours of didactic instruction. The levels must be preset by the dentist or

				RDH and must not be adjusted by the RDA except in case of an emergency, in which case the RDA may turn off the nitrous oxide and administer 100% oxygen. As used in this subdivision, “assisting” means setting up equipment and placing the face mask. Assisting does not include titrating and turning the equipment on or off, except in the case of an emergency in which circumstances the RDA may turn off the nitrous oxide and administer 100% oxygen.
(mm kk)			A	Removing accretions and stains from the surfaces of the teeth and applying topical agents essential to complete prophylaxis.
(nn ll)			A	Root planing, debridement, deep scaling, and removal of calcareous deposits.
(oo mm)			A	Polishing and contouring restorations.
(pp nn)			A	Charting of the oral cavity, including all the following: periodontal charting, intra oral and extra oral examining of the soft tissue, charting of radiolucencies or radiopacities, existing restorations, and missing teeth.
(qq oo)			A	Applying topical anesthetic agents by prescription of the dentist.
(rr)		—A	—A	Placing and removing surgical temporary sedative dressings.
(ss pp)			A	Removing excess cement from tooth surfaces.
(tt qq)			A	Placing subgingival medicaments.
(uu rr)			A	Micro abrasion of tooth surfaces to remove defects, pitting, or deep staining.
(vv ss)			D	Performing soft tissue curettage with or without a dental laser.
(ww tt)	D	G	G	Taking digital scans for final restorations or intra-oral appliances.
(xx uu)			D****	Administering intra oral block and infiltration anesthesia, or no more than 50% nitrous oxide analgesia, or both, to a patient who is 18 years of age or older if the RDH has met all of the following requirements:

				<p>(i) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of local anesthesia, with a minimum of 15 hours didactic instruction and 14 hours clinical experience.</p> <p>(ii) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months ofafter completion of the approved course in paragraph (i) of this subdivision.</p> <p>(iii) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of nitrous oxide analgesia, with a minimum of 4 hours didactic instruction and 4 hours clinical experience.</p> <p>(iv) Successfully completed a state or regional board administered written examination in nitrous oxide analgesia, within 18 months ofafter completion of the approved course in paragraph (iii) of this subdivision.</p> <p>(v) Maintains and provides evidence of current certification in basic or advanced cardiac life supportBSL or ACLS that meets the standards contained in R 338.11705.</p>
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(4) As used in subrule (3) of this rule:

- (a) **“A” = Assignment, means assignment, as that term is defined in R 338.11401.**
- (b) **“D” means direct supervision, as that term is defined in R 338.11401.**
- (c) **“G” means =Generalgeneral supervision, as that term is defined in R 338.11401.**

~~D = Direct supervision, as defined in R 338.11401.~~

~~UDA = Dental assistant.~~

~~RDA = Registered dental assistant as defined in R 338.11101.~~

* A dentist shall assign these procedures to ~~an~~ **UDA, RDA,** and RDH only if the ~~RDA~~**allied dental personnel** has successfully completed an approved course that meets the requirements in section 16611(12) and (13) of the code, MCL 333.16611, and contains a minimum of 10 hours of didactic and clinical instruction.

**** A dentist shall delegate these procedures to a UDA only if the UDA has successfully completed an in-person or virtual training with performance evaluations on the following functions:**

- **Polishing assigned teeth with a slow-speed rotary hand piece immediately before an acid etch procedure.**
- **Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners.**
- **Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners.**
- **Providing nutritional counseling for oral health and maintenance.**

- Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion.
- Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.
- Temporarily cementing and removing temporary crowns and bands.
- Taking impressions for intraoral appliances including bite registrations.

*** A dentist shall assign these procedures to ~~an~~ RDA only if the RDA has successfully completed an approved course that meets the requirements in section 16611(11) of the code, MCL 333.16611, and contains a minimum of 20 hours of didactic instruction followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a ~~critierion-based~~**critierion-based** assessment instrument.

RDH = Registered dental hygienist as defined in R 338.11101.

*** The department fee for certification of completion of the requirements is \$10.

Rule 338.11501 Specialties; recognition by the board.

Rule Numbers	Commenter	Comment
Section (4)(c) an (d)	Tseng	Modify (c) and (d) or combine, as they seem repetitive. Modify as follows: “(c) Hold at least a master’s degree in a specialty listed in subrule (4) of this rule, that is recognized in Canada, from a dental institution that is recognized through an accreditation process approved by the NDEB or CDAC, with all training completed in Canada.”
	Mick/Thomas - AAO/MAO	The AAO supports regulations that require those who are advertising as "specialists" to have successfully completed a post-doctoral program in a program that is accredited by an accreditation agency recognized by the U.S. Department of Education (U.S. DOE), i.e. CODA. CODA is the only nationally recognized accrediting body for educational institutions in dentistry and the related dental fields, receiving its accreditation authority from the acceptance of all stakeholders within the dental community and recognition by the United States Department of Education. The AAO is opposed to dentists with less education and training being able to advertise on the same level or in the same manner or with similar words used to describe those true specialists who have graduated from accredited programs that receive accreditation from an agency recognized by the U.S Department of Education (U.S. DOE), as the AAO believes it is not in the best interest of patients' health and safety. An accreditation standard backed by the U.S. DOE best assures Michigan citizens that an

		<p>individual who truthfully designates himself or herself as a specialist has met high standards for education and training. Allowing a dentist to advertise as a "specialist" without completing a multi-year accredited program backed by the U.S. DOE, risks diluting Michigan's "specialty" laws and allowing certain providers, who do not have years of supervised clinical and didactic training and/or who have not satisfied extensive criteria, to advertise on par with those providers who have long term, comprehensive education and training through U.S. DOE accredited programs. Such dilution threatens the health and safety of Michigan patients by obscuring important distinctions between dental professionals as well as their respective educational and training backgrounds. As such, the AAO supports the proposed rule R 338.11501 Specialties (2) that require that, "Each branch of a dental specialist that is licensed by the board is defined in the rules, and by the standards set forth by CODA under R 338.11301."</p>
<p>Rules Committee Response</p>	<p>(4)(c) and (d): The Rules Committee agrees with the comment to combine (c) and (d).</p>	

R 338.11501 Specialties; recognition by the board.

Rule 1501. (1) The department on behalf of the board may issue a health profession specialty license in all of the following branches of dentistry as specialties:

- (a) **Endodontics.** ~~Oral and maxillofacial surgery.~~
- (b) **Oral and maxillofacial surgery.** ~~Orthodontics and dentofacial orthopedics.~~
- (c) **Oral and maxillofacial pathology.** ~~Prosthodontics.~~
- (d) **Orthodontics and dentofacial orthopedics.** ~~Periodontics.~~
- (e) Pediatric dentistry.
- (f) **Periodontics.** ~~Endodontics.~~
- (g) **Prosthodontics.** ~~Oral pathology or oral and maxillofacial pathology.~~

(2) In addition to the specialties listed in subrule (1) of this rule, the department may issue a health profession specialty license in the following branches of dentistry:

- (a) **Dental anesthesiology.**
- (b) **Dental public health.**
- (c) **Oral and maxillofacial radiology.**
- (d) **Oral Medicine**
- (e) **Orofacial pain.**

(2)(3) Each branch of a dental specialty that is licensed by the board is defined in these rules, and by the standards set forth by CODA under R 338.11301.

(4) An applicant who currently holds a license as a dental specialist in endodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, orthodontics and dentofacial orthopedics, periodontics, prosthodontics, dental public health, or oral and maxillofacial radiology from a province in Canada may apply for a license if he or she submits a completed application, on a form provided by the department, together with the requisite fee, and provides proof of all of the following:

(a) Meet the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and the requirements of section 16174, of the code, MCL 333.16174.

(b) Hold a current license to practice dentistry in this state.

(c) Hold at least a master’s degree in a specialty listed in subrule (4) of this rule, that is recognized in Canada, from a dental institution that is recognized through an accreditation process approved ~~accredited~~ by the NDEB or CDAC, with all training completed in Canada.

~~(d) Have graduated from a specialty program recognized by the CDAC with all training completed in Canada.~~

(ed) Have passed the National Dental Specialty Examination (NDSE) and have NDSE certification.

Rule 338.11601 General anesthesia; conditions; violation.

Rule Numbers	Commenter	Comment
	Johnson/AAOMS	<p>Anesthesia is at the core of OMS training and practice. OMS residency education standards require a dedicated 32-week resident rotation on medical and anesthesia service as well as an ongoing outpatient experience in all forms of anesthesia throughout four- to six-years of residency training. OMSs are trained in medical assessment and emergency management on par with our medical colleagues. Our training and ability to deliver treatment safely and affordably to patients via our team model of practice in our offices is unparalleled.</p> <p>Given the unique training and experience of the OMS, it would be inappropriate to subject an OMS to the standard of any dentist much like it is inappropriate to stipulate an anesthesiologist must follow the standards of a CRNA. We urge the department to consider this point carefully as subjecting a profession to an inapplicable standard of care not only fosters confusion but can jeopardize patient care and access to care.</p> <p>The AAOMS Parameters of Care2 reflect the guidelines for treatment and outcome expectations for</p>

		<p>11 designated areas of oral and maxillofacial surgery, including Anesthesia in Outpatient Facilities. It is updated regularly to reflect the latest scientific research, surgical technique and policy positions. Additionally, the AAOMS Office Anesthesia Evaluation³ was designed to ensure that each practicing AAOMS member maintains a properly equipped office and is prepared to use appropriate techniques for managing emergencies and complications of anesthesia in the treatment of the OMS patient in the office or outpatient setting.</p> <p>Further, these documents, in addition to CODA standards, form the basis of all OMS training, from residency through ongoing continuing education. It establishes the basis of not just the OMSs training, but the training of their staff and auxiliaries as well. Thus, the inclusion of these references enhances the standard for the practitioners and their staff.</p> <p>We would ask the Board to work with the Michigan Society of Oral and Maxillofacial Surgeons to revise 2021-40 LR to not only match other state requirements in this area, but also to recognize the unique expertise of the practitioners that match their level of education and daily practice.</p>
Section (1)	Benivegna/MDA	<p>It is not clear whether the use of the word “treatment” in the proposal would prohibit a dentist from providing dental treatment to a patient who has been anesthetized or put in deep sedation by a qualified professional if the dentist is not qualified to anesthetize or sedate the patient themselves. To avoid this confusion, the MDA proposes the following be adopted in place of the proposal for R338.11601(1):</p> <p>“A dentist shall not administer general anesthesia or deep sedation to a dental patient or collaboratively provide general anesthesia or deep sedation with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office unless the dentist complies with the following requirements:”</p> <p>Requiring dentists to be qualified to administer anesthesia or sedation to provide dental treatment to an anesthetized or sedated patient will significantly limit access to care. Dentists frequently work with qualified professionals, such as oral surgeons and anesthesiologists, to safely administer anesthesia while the dentist delivers the necessary dental care. The current proposal by the Board of Dentistry will cause confusion among dentists as to when and how they are able to treat their patients who require sedation or anesthesia, which will hurt the delivery of dental care to patients.</p>

		The MDA strongly believes clarifying this language will achieve the desired result of protecting patients, while providing clear guidelines for dentists to follow.
(1)(a)	Whitman-Herzer/Council of Michigan Dental Specialties, Inc.	Add AAOMS to the anesthesia rules, R-338.11601 and R-338.11602 as one of the national organizations authorized to give the mandatory course on addressing medical emergencies during anesthesia and for monitoring guidelines for both adults and children. The ADA, ASA and pediatric groups are listed, but those organizations do not teach courses that are based on the CODA residency training and OMS standards: only AAOMS provides these courses. This is important because OMSs provide 78% of dental office deep sedation and general anesthesia nationally and in Michigan, so OMSs rely heavily on AAOMS for CE courses designed to bring licensed specialists updated courses based on their model to protect the public.
(1)(a)(i) and (ii) (b)(i)	Small/Farbod MSOMS	<p>Add AAOMS to Rule 1601 and 1602 as a recognized provider of courses on managing medical emergencies associated with office-based anesthesia, plus monitoring guidelines. Rational and supporting documents are included in the written submission.</p> <p>Add language in bold:</p> <p>(a) The dentist has demonstrated competency by meeting all the following requirements:</p> <p>(i) Completing a minimum of 1 year of advanced training in general anesthesia and pain control in a program that meets the standards adopted in R 338.11603(1). A program that is accredited by CODA as meeting the accreditation standards for advanced dental education programs in anesthesiology, or in oral and maxillofacial surgery, meets the requirements of this subdivision.</p> <p>(ii) Completing a course in managing medical emergencies that includes all of the following:</p> <p>(A) Current monitoring guidelines for adults from the ADA or the American ASA, or the American Association of Oral and Maxillofacial Surgeons (AAOMS) for oral and maxillofacial surgeons, and for children from the ASA, or AAOMS for oral and maxillofacial surgeons, the AAP, and the AAPD.</p> <p>(B) Equipment and material used in an anesthesia or sedation emergency.</p> <p>(C) The personnel needed for anesthesia or sedation.</p> <p>(D) The drugs needed for resuscitation in an emergency.</p> <p>(b) If general anesthesia or deep sedation is performed in a dental office, any allied dental personnel and dental therapists who are directly involved in the procedure shall complete a course in managing medical emergencies that includes all of the following:</p>

	<ul style="list-style-type: none"> (i) Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons, and for children from the ASA, the AAP, and the AAPD or AAOMS for oral and maxillofacial surgeons. (ii) Equipment and materials used in an anesthesia or sedation emergency. (iii) The personnel needed for anesthesia or sedation. (iv) The drugs needed for resuscitation in an emergency.
<p>Rules Committee Response</p>	<p>(1): The Rules Committee agrees with the comment to clarify when a dentist must have additional training regarding moderate and minimum sedation. To clarify the rule the Rules Committee recommends the following:</p> <ul style="list-style-type: none"> • Separate the rules regarding a general dentist providing anesthesia or deep sedation versus a general dentist who collaboratively provides moderate or minimal sedation with a physician anesthesiologist, oral surgeon (another dentist), another dentist, or nurse anesthetist. • If a physician anesthesiologist, oral surgeon (another dentist), or nurse anesthetist is providing moderate or minimal sedation in the dental office, the general dentist providing the dental treatment, a dental therapist, and allied dental personnel only need BLS training. • The term “dentist” should be modified to “general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery.” • Delete the term “treatment.” <p>(1): The Rules Committee agrees with the comment to add training provided by AAOMS.</p>

Rule 1601. (1) A **general** dentist **who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery**, shall not administer general anesthesia **or deep sedation** to a dental patient **or collaboratively provide treatment with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office** delegate and supervise the performance of any act, task, or function involved in the administration of **general anesthesia or deep sedation to a dental patient**, unless **all the dentist complies with** of the following conditions **requirements** are satisfied:

(a) The dentist has **demonstrated competency by completed meeting all the following requirements:**

(i) Completing a minimum of 1 year of advanced training in general anesthesia and pain control in a program that meets the standards adopted in R 338.11603(l). A program that is accredited by CODA as meeting the accreditation standards for advanced dental education programs in anesthesiology **or oral and maxillofacial surgery** meets the requirements of this subdivision.

(ii) Completing a course in managing medical emergencies that includes all of the following:

(A) Current monitoring guidelines for adults from the ADA or the American ASA, or the AAOMS for oral and maxillofacial surgeons, and for children from the ASA, or AAOMS for oral and maxillofacial surgeons, the AAP, and the AAPD.

(B) Equipment and material used in an anesthesia or sedation emergency.

(C) The personnel needed for anesthesia or sedation.

(D) The drugs needed for resuscitation in an emergency.

(iii) Maintaining ~~(b) The dentist and the delegatee, if any, maintain current certification~~ certification in basic BSL and advanced cardiac life support ACLS for health care healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2). A certification in basic and advanced cardiac life BLS and ACLS for health care healthcare providers with a hands-on component from AHA or BLS for the healthcare provider and PALS with a hands-on component from AHA meets the requirements of this subdivision.

(b) If general anesthesia or deep sedation is performed in a dental office, any allied dental personnel and dental therapists who are directly involved in the procedure shall complete a course in managing medical emergencies that includes all of the following:

(i) Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons, and for children from the ASA, the AAP, and the AAPD or AAOMS for oral and maxillofacial surgeons.

(ii) Equipment and materials used in an anesthesia or sedation emergency.

(iii) The personnel needed for anesthesia or sedation.

(iv) The drugs needed for resuscitation in an emergency.

(2) A general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery, shall not collaboratively provide general anesthesia or deep sedation with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office, unless the dentist, and allied dental personnel and dental therapists who are directly involved in the procedure, maintain certification in BLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2). A certification in BLS for healthcare providers with a hands-on component from AHA or BLS for the healthcare provider and PALS with a hands-on component from AHA meets the requirements of this subdivision.

(23) At no time is a RDA or RDH allowed to adjust medication levels during a procedure, other than nitrous oxide and oxygen, as allowed in R 338.11411(2).

~~(e) The facility in which the anesthesia is administered meets the equipment standards adopted in R 338.11603(3).~~

~~—(d) The dentist shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises until the patient is capable of being discharged.~~

~~(2) A dentist who does not meet the requirements of subrule (1) of this rule shall not offer general anesthesia services for dental patients unless all of the following conditions are met:~~

~~—(a) General anesthesia services are directly provided through association with, and by, either of the following individuals:~~

~~—(i) A physician who is licensed under the provisions of part 170 or 175 of the code, MCL 333.17001 to 333.17097, and 333.17501 to 333.17556, and who is a member in good standing on the anesthesiology staff of a hospital accredited by the Joint Commission.~~

~~—(ii) A dentist who meets the requirements of subrule (1)(a) and (b) of this rule.~~

~~—(b) A person who administers anesthesia, under the provisions of subdivision (a) of this subrule, shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises where the general anesthesia is administered until the patient anesthetized is capable of being discharged.~~

~~—(c) The provisions of subrule (1)(b) and (c) of this rule must be complied with.~~

~~—(3) A dentist is in violation of section 16221(1)(h) of the code, MCL 333.16221, if he or she fails to comply with subrules (1) and (2) of this rule.~~

Rule 338.11602 ~~Intravenous conscious~~ **Moderate or minimal sedation; conditions; violations requirements.**

Rule Numbers	Commenter	Comment
Section (1)	Benivegna/MDA	It is not clear whether the use of the word “treatment” in the proposal would prohibit a dentist from providing dental treatment to a patient who has been put in sedation by a qualified professional if the dentist is not qualified to sedate the patient themselves. To avoid this confusion, the MDA proposes the following be adopted in place of the proposal for R338.11602(1): “A dentist shall not administer moderate or minimal sedation to a dental patient or collaboratively provide moderate or minimal sedation with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office unless the dentist complies with the following requirements.”
(1)(a)	Whitman-Herzer/Council of Michigan Dental Specialties, Inc.	Add AAOMS to the anesthesia rules, R-338.11601 and R-338.11602 as one of the national organizations authorized to give the mandatory course on addressing medical emergencies during anesthesia and for monitoring guidelines for both adults and children. The ADA, ASA and pediatric groups are listed, but those organizations do not teach courses that are based on the CODA residency training and OMS standards: only AAOMS provides these courses. This is important because OMSs provide 78% of dental office deep sedation and general anesthesia nationally and in

		Michigan, so OMSs rely heavily on AAOMS for CE courses designed to bring licensed specialists updated courses based on their model to protect the public.
(1)(a)(iii)(A) and	Small/Farbod MSOMS	<p>Add AAOMS to Rule 1601 and 1602 as a recognized provider of courses on managing medical emergencies associated with office-based anesthesia, plus monitoring guidelines. Rational and supporting documents are included in the written submission.</p> <p>Add language in bold:</p> <p>(iii) Completing a course in managing medical emergencies that includes all of the following:</p> <p>(A) Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons and for children from the ASA, the AAP, and the AAPD, or AAOMS for oral and maxillofacial surgeons.</p> <p>(B) Equipment used in an anesthesia or sedation emergency.</p> <p>(C) The personnel needed for anesthesia or sedation.</p> <p>(D) The drugs needed for resuscitation in an emergency.</p> <p>(b) If moderate sedation is performed in a dental office, any allied dental personnel and dental therapists that are directly involved in the procedure shall complete a course in managing medical emergencies that includes all of the following:</p> <p>(i) Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons and for children from the ASA, the AAP, and the AAPD, or AAOMS for oral and maxillofacial surgeons.</p> <p>(ii) Equipment and materials used in an anesthesia or sedation emergency.</p> <p>(iii) The personnel needed for anesthesia or sedation.</p> <p>(iv) The drugs needed for resuscitation in an emergency.</p> <p>(2) At no time is a RDA or RDH allowed to adjust medication levels during a procedure, other than nitrous oxide and oxygen, as allowed in R 338.11411(2).</p>
Rules Committee Response	<p>(1): The Rules Committee agrees with the comment to clarify when a dentist must have additional training regarding moderate and minimal. To clarify the rule, the Rules Committee recommends the following:</p> <ul style="list-style-type: none"> • Separate the rules regarding a general dentist providing the sedation versus a general dentist who collaboratively provides moderate or minimal sedation with a physician anesthesiologist, oral surgeon (another dentist), another dentist, or nurse anesthetist. • If a physician anesthesiologist, oral surgeon (another dentist), or nurse anesthetist is providing moderate or 	

minimal sedation in the dental office, the general dentist providing the dental treatment, a dental therapist, and allied dental personnel only need BLS.

- The term “dentist” should be modified to “general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery.”
- Delete the term “treatment.”

(1): The Rules Committee agrees with the comment to add training provided by AAOMS.

Rule 1602. (1) A **general** dentist **who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery,** shall not administer ~~intravenous conscious~~ **moderate or minimal** sedation to a dental patient ~~or collaboratively provide treatment with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office~~ delegate and supervise the performance of any act or function involved in the administration of ~~intravenous conscious~~ **moderate or minimal** sedation to a dental patient unless ~~all~~ **all** of the following requirements are satisfied:

(a) The dentist complies with R 338.11601(1) or (2); has **demonstrated competency by completed meeting all of the following requirements:**

—(b) The dentist complies with all of the following provisions:

(i) The dentist has completed a minimum of 60 hours of training in intravenous conscious sedation and related academic subjects, including a minimum of 40 hours of supervised clinical instruction in which the dentist has sedated not less than 20 cases in a course that complies with the standards adopted in R 338.11603(1). A program that is accredited by CODA as meeting the accreditation standards for advanced dental education programs meets the standards in R 338.11603(1).

(i) Completing either of the following:

(A) A comprehensive training program in moderate sedation that satisfies the requirements described in the moderate sedation section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students when the training was commenced, which must include 60 hours of classroom training and hands-on interaction in moderate sedation with 20 patients.

(B) An advanced education program accredited by CODA that provides comprehensive training to administer moderate sedation.

(ii) **Maintaining** The dentist and the delegatee, if any, maintains current certification in basic **BLS** ~~or~~ and advanced cardiac life support **ACLS** for ~~health care~~ **healthcare** providers with a hands-on component from an agency or organization that grants certification under standards substantially equivalent to the standards adopted in R 338.11603(2). A certification in ~~basic and advanced cardiac life support~~ **BLS and ACLS** for ~~health care~~ **healthcare** providers with a hands-on component from AHA ~~or basic~~

life support for the healthcare provider and PALS with a hands-on component from AHA meets the requirements of this paragraph.

~~(iii) The facility in which the anesthesia is administered complies with the equipment standards adopted in R 338.11603(3).~~

Completing a course in managing medical emergencies that includes all of the following:

(A) Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons and for children from the ASA, the AAP, and the AAPD, or AAOMS for oral and maxillofacial surgeons.

(B) Equipment used in an anesthesia or sedation emergency.

(C) The personnel needed for anesthesia or sedation.

(D) The drugs needed for resuscitation in an emergency.

~~(2) A dentist is in violation of section 16221(1)(h) of the code, MCL 333.16221, if he or she fails to comply with subrule (1) of this rule.~~

(b) If moderate sedation is performed in a dental office, any allied dental personnel and dental therapists that are directly involved in the procedure shall complete a course in managing medical emergencies that includes all of the following:

(i) Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons and for children from the ASA, the AAP, and the AAPD, or AAOMS for oral and maxillofacial surgeons.

(ii) Equipment and materials used in an anesthesia or sedation emergency.

(iii) The personnel needed for anesthesia or sedation.

(iv) The drugs needed for resuscitation in an emergency.

(2) A general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery, shall not collaboratively provide general anesthesia or deep sedation with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office, unless the dentist, and allied dental personnel and dental therapists who are directly involved in the procedure, maintain certification in BLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2). A certification in BLS for healthcare providers with a hands-on component from AHA or BLS for the healthcare provider and PALS with a hands-on component from AHA meets the requirements of this subdivision.

(23) At no time is a RDA or RDH allowed to adjust medication levels during a procedure, other than nitrous oxide and oxygen, as allowed in R 338.11411(2).

Rule 338.11613 Consent; scope of practice; standard of care.

Rule Numbers	Commenter	Comment
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	Hyman/MOHC	<p>We want to ensure that an individual does not need to be a patient of record of the provider to have a teledentistry appointment. Often, individuals in an emergency dental situation (injury to or infection of a tooth) do not have a dental home and may need to be seen by a dental professional who has not yet seen them in person.</p> <p>We would like to encourage additional options for/uses of teledentistry such as asynchronous teledentistry that would allow a dentistry to review the record of a patient taken by a RDH.</p>
Section (1)(a)	Spangler	The use of “telehealth” should be limited to “patients of record” as defined elsewhere in the rules. This would define a “patient of record” as someone who has been examined in person within the past 3 years. If they are a patient of record of the dentist or dental therapist, they could be treated by telehealth.
(4)(c)	Spangler	The use of the word “diagnose” is inappropriate. No one can diagnose with an image (unless it is a microscopic image of the patient’s biopsied tissue). The use of telehealth can “identify” but it cannot diagnose. If the word “diagnose” is included in the statement that starts “Verify that telemedicine is appropriate to evaluate, diagnose.....” this statement will never be true.
Rules Committee Response		<p>The Rules Committee agrees with the comment that teledentistry is not subject to the “patient of record” definition that requires an “in-person” contact every 24 months unless there is assignment or delegation. In addition, radiographic images may be taken by allied dental personnel pursuant to a teledentistry visit, and this activity is not subject to the “in-person” at least once every 24 months requirement.</p> <p>The following language will be added to the definition section in R 338.11611: The requirement in R 338.11401 to have an “in-person” contact with the dentist or dental therapist once every 24 months does not apply to telehealth services unless the dentist or dental therapist delegates or assigns duties, other than radiographic images, to allied dental personnel.</p> <p>(4)(c): The Rules Committee agrees that the term “diagnose” is not necessary as the provision also states evaluate and treat.</p>

Rule 1613. (1) The licensee shall obtain informed consent for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284. Informed consent requires all of the following:

- (a) The licensee shall ensure that the patient understands he or she will be treated remotely using telehealth.**

- (b) At the inception of care, any licensee who has contact with the patient shall identify himself or herself to the patient as a dentist, dental therapist, UDA, RDA, or RDH consistent with R 338.11103(a).
- (c) The licensee shall ensure that the patient is mentally capable of giving informed consent for diagnosis, care, or treatment.
- (d) The licensee shall explain the alternatives, capabilities, and limitations of telemedicine and that the patient may decline to receive telehealth services.
- (2) If the patient is less than 18 years of age, a parent or legal guardian must provide informed consent for the patient.
- (3) The licensee shall keep proof of consent for a telehealth service in the patient’s up-to-date medical record and satisfy section 16213 of the code, MCL 333.16213.
- (4) A licensee who provides telehealth services shall comply with all of the following:
 - (a) Act within the scope of his or her practice.
 - (b) Exercise the same standard of care applicable to a traditional, in-person healthcare service.
 - (c) Verify that telemedicine is appropriate to evaluate, **diagnose**, and treat the patient based on his or her unique presentation.
- (5) The licensee shall be able to examine the patient via a health insurance portability and accountability act (HIPAA) of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.
- (6) Telehealth must be secure and compliant with federal and state security and privacy regulations.

Rule 338.11701 License renewal for a dentist, dental specialist, and special-retired volunteer dentist; requirements; applicability.

Rule Numbers	Commenter	Comment
Section (3)	Tseng	Address how many CE hours are required if a licensee holds two specialty licenses. I don't think it is unreasonable to require 20 hours of CE PER specialty license each licensing cycle.
Rules Committee Response	(3): The Rules Committee agrees with the comment to require a licensee with more than 1 specialty to have an additional 20 continuing education (CE) hours for each additional specialty. One specialty requires 20 CE hours of the 60 required hours to be in the specialty. Two specialties require 20 CE hours of the 60 required hours to be in the first specialty and an additional 20 hours in the second specialty for a total of 80 CE hours. For each additional specialty an additional 20 CE hours are required.	

Rule 1701. (1) This rule applies to an application for the renewal of a dentist license, dental specialist license, and special retired volunteer dentist license under sections 16201 and 16184 of the code, MCL 333.16201 and 333.16184. **A dental specialist license must be renewed at the same time as the dentistry license.**

~~(2) Subject to subrule (8) of this rule, an applicant for a dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with both of the following during the 3-year period before the end of the license cycle:~~

~~(a) Possess current certification in basic or advanced cardiac life support from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).~~

~~(b) Complete at least 3 continuing education credits in pain and symptom management. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.~~

~~(3) Subject to subrule (8) of this rule, in addition to the requirements of subrule (2) of this rule, an applicant for a dentist license renewal, who has been licensed for the 3-year period immediately preceding the expiration date of the license, shall comply with all of the following during the 3-year period before the end of the license cycle:~~

~~(a) Complete not less than 60 hours of continuing education approved by the board under R 338.11704a.~~

~~—(b) Complete a minimum of 20 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology.~~

~~—(c) Complete a minimum of 20 hours of the required continuing education hours by attending synchronous, live courses or programs that provide for direct interaction between faculty and participants, including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.~~

~~(4) Subject to subrule (8) of this rule, in addition to the requirements of subrules (2) and (3) of this rule, a dental specialist shall complete 20 hours of the required continuing education hours in the dental specialty field in which he or she is certified during the 3-year period before the end of the license cycle.~~

~~(5) Subject to subrule (8) of this rule, in addition to the requirements of subrule (2) of this rule, an applicant for a special retired dentist license shall comply with the following during the 3-year period before the end of the license cycle:~~

~~—(a) Complete not less than 40 hours of continuing education acceptable to the board in R 338.11704a.~~

~~—(b) Complete a minimum of 14 hours of the required hours of continuing education in programs directly related to clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.~~

~~—(c) Complete a minimum of 14 hours of the required hours of continuing education by attending synchronous, live courses or programs that provide for direct interaction between faculty and participants, including but not limited to, lectures, symposia, live teleconferences, workshops, and providing volunteer clinical services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer clinical services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.~~

~~—(d) Comply with the conditions for renewal in section 16184(2) of the code, MCL 333.16184.~~

~~—(6) The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years from the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.~~

~~(7) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department before the expiration date of the license.~~

~~(8)(2) Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, an applicant shall meet the requirements of this subrule and subrules (1), (7), and (9) to (14) of this rule. An applicant for a dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 60 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.~~

~~(9)(3) An applicant for a dental specialist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete 60 hours of continuing education approved by the board under R 338.11704a, with not less than 20 hours of the required 60 hours in board-approved continuing education in the dental specialty field in which he or she is licensed, within the 3-year period before the end of the license cycle. **Each additional specialty license requires an additional 20 hours of continuing education in the dental specialty field of the specialty license in addition to the 60 required continuing education hours.**~~

~~(10)(4) In addition to meeting the requirements of section 16184 of the code, MCL 333.16184, an applicant for a special retired volunteer dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 60 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.~~

~~(11)(5) An applicant shall possess current certification in basic or advanced cardiac life support **BSL or ACLS** for health care ~~healthcare~~ providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).~~

~~(12)~~**(6)** In complying with the requirements of subrules ~~(8)~~**(2)** to ~~(10)~~**(4)** of this rule, an applicant for a dentist license, dental specialist license, and special retired volunteer dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with all of the following before the end of the license cycle:

(a) Complete ~~at least~~**not less than** 3 hours of the required continuing education hours in pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(b) Complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, **which may be completed in 1 or more courses**. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(c) Complete a minimum of 20 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(d) Complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the ~~Centers for Disease Control and Prevention's~~**CDC's** infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(e) Complete a minimum of 20 hours of the required continuing education hours by attending synchronous, live courses or programs, **in-person or virtual**, that provide for **the opportunity of** direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues, **including** ~~such as~~ delivery of care, materials used in delivery of care, and pharmacology.

(f) Complete no more than 30 hours of the required continuing education hours asynchronously, noninteractive.

~~(13)~~**(7)** Except for the 1-time training in human trafficking and ~~1-time training in opioid and controlled substances awareness~~, which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an applicant may not earn **continuing education** credit for **implicit bias training required by R 338.7004**, and may not earn credit for a continuing education program or activity that is identical to a program or activity an applicant has already earned credit for during that renewal period.

(14)(8) The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. An applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years ~~from~~after the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(9) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department for the board's consideration not less than 30 days before the last regularly scheduled board meeting before the expiration date of the license. The public notice for the board meetings can be found at: <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/dental>.

R 338.11704a Acceptable continuing education for licensees, limitations.

Rule Numbers	Commenter	Comment
Section (1)	Beavers/DHHS	Anyone who is part of the dental team, has a license with LARA, and works at an underserved clinic (ex. FQHC) should receive a determined amount of CEUs for working with the underserved population. Although this statement is a bit vague, there are other disciplines where this already happens and the policy could be replicated.
(1)(a)	Hoppe/MDAA	<p>MDAA takes providing CE to dental professionals very seriously and works hard to provide CE that increases dental knowledge. We would like to comment on the statement in the box that says “A continuing education program or activity is approved, regardless of the format in which it is offered, if it is approved or offered for continuing education credit by any of the following:”</p> <p>We feel that just having the word “approved” is kind of misleading when it is widely known that there are courses provided by organizations that do not meet the states standard for acceptable continuing education. The word “approved” makes it sound as if anything MDA/MDAA/MDHA puts on would be accepted by the department if a dental professional was audited for CE compliance. This is addressed for other entities wanting to provide CE who have to go through a review of their CE program and the department can deny a program, but we feel that the statement used in R 338.11704 (3) (c) would also be appropriate in section (1)(a) in the chart:</p> <p>“(c) A course or program must substantially meet the standards and criteria for an acceptable category of continuing education under this rule and must be relevant to health carehealthcare and advancement of the licensee’s dental education.”</p>

		Rationale: Inserting this statement would help better direct organizations to only provide CE that would be acceptable .
Rules Committee Response	<p>(1)(a): The Rules Committee agrees with the comment that automatically approved continuing education in (a) should be relevant to healthcare and advancement of the licensee’s dental education.</p> <p>(1)(n): The Rules Committee agrees that it would benefit the public to encourage licensees to work with underserved populations and that offering continuing education for this work would be an incentive for licensees. The Rules Committee recommends that for every 120 hours of patient care or supportive dental services with underserved populations a licensee may earn one hour of continuing education, for a maximum of 1/3 of the total hours required.</p>	

Rule 1704a. (1) The board shall consider any of the following as acceptable continuing education for dentists, dental therapists, dental specialists, special-retired volunteer dentists, special-retired volunteer dental therapists, ~~registered dental hygienists~~RDH, special-retired volunteer ~~registered dental hygienists~~RDHs, ~~registered dental assistants~~RDAs, and special-retired volunteer ~~registered dental assistants~~RDAs, unless otherwise noted:

Acceptable Continuing Education activities		
(a)	<p>Completion of an approved continuing education program or activity related to the practice of dentistry. A course or program must substantially meet the standards and criteria for an acceptable category of continuing education under this rule and must be relevant to healthcare and advancement of the licensee’s dental education.</p> <p>A continuing education program or activity is approved, regardless of the format in which it is</p>	<p>The number of hours earned are the number of hours approved by the sponsor or the approving organization.</p> <p>If the activity was not approved for a set number of hours, then 1 credit hour for each 50 minutes of participation may be earned.</p> <p>No limitation on the number of hours earned.</p>

<p>offered, if it is approved or offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • A dental, dental therapy, dental hygiene, dental assistant, or a hospital-based dental specialty educational program approved by CODA. • A continuing education sponsoring organization, institution, or individual approved by the Academy of General Dentistry (AGD). • The Commission on Continuing Education Provider Recognition ADA CERP. <p>A continuing education program or activity is approved, regardless of the format in which it is offered, if it is offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • A continuing education national sponsoring organization, institution, or individual approved by the American Academy of Dental Hygiene (AADH); the • American Dental Hygienists' Association (ADHA); the • American Dental Assistants Association (ADAA); and the Commission on Continuing Education Provider 	
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	<p>Recognition ADA Continuing Education Recognition Program (ADA CERP) or its successor organization. A continuing education sponsoring organization, institution, or individual approved by the</p> <ul style="list-style-type: none"> • Michigan Dental Association (MDA), • Michigan Dental Hygienists Association (MDHA), and • Michigan Dental Assistants Association (MDAA). • Another Another state board of dentistry. <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
(b)	<p>Completion of courses offered for credit in a dental, dental therapy, dental hygiene, dental assistant, or a hospital-based dental specialty educational program approved by CODA.</p> <p>If audited, an applicant shall submit an official transcript that reflects completion of the course and number of semester or quarter credit hours</p>	<p>Ten hours of continuing education may be earned for each quarter credit earned and 15 hours may be earned for each semester credit earned.</p> <p>No limitation on the number of hours earned.</p>

	earned.	
(c)	<p>Attendance at a program or activity related to topics approved in R 338.2443(2) and R 338.143(2) for category 1 continuing education by the board of medicine or board of osteopathic medicine.</p> <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	<p>One hour may be earned for each 50 minutes of program attendance.</p> <p>A maximum of 30 hours for a dentist, and 18 hours for a dental therapist, registered dental hygienistRDH, and registered dental assistantRDA may be earned in each renewal period.</p>
(d)	<p>For dentists, satisfactory participation for a minimum of 7 months in a hospital or institution through a postgraduate dental clinical training program approved by CODA.</p> <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours attended, the name of the hospital or institution, the name of the clinical training program, the date of participation, and the activities completed.</p>	<p>Twenty hours may be earned in each calendar year for 7 months of participation in the calendar year.</p> <p>A maximum of 20 hours per calendar year may be earned.</p>
(e)	For dentists, successful completion of an	Ten hours may be earned in the

	<p>American-board specialty examination.</p> <p>If audited, an applicant shall submit proof of a passing score on the examination.</p>	<p>year in which the applicant achieves a passing score on a specialty examination.</p> <p>A maximum of 20 hours may be earned in each renewal period. Credit is not given for repeating the same examination in a renewal period.</p>
(f)	<p>Renewal of a dentist, dental therapist, registered dental hygienistRDH, or registered dental assistantRDA license held in another state that requires continuing education for license renewal that is substantially equivalent in subject matter and total amount of required hours required in these rules if the applicant resides and practices in another state.</p> <p>If audited, an applicant shall submit proof of current licensure in another state and a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, type of program or activity, and the date on which the program was held or activity completed.</p>	<p>For a dentist, 60 hours may be earned. For a dental therapist, 35 hours may be earned. For a registered dental hygienistRDH or registered dental assistantRDA, 36 hours may be earned.</p> <p>A maximum of 60 hours for a dentist, 35 hours for a dental therapist, and 36 hours for a registered dental hygienistRDH or registered dental assistantRDA may be earned in each renewal period.</p>
(g)	<p>For a registered dental assistantRDA, meeting the requirements for recertification in R 338.11705(3).</p>	<p>Thirty-six hours may be earned.</p> <p>A maximum of 36 hours may be earned in each renewal period.</p>

	If audited, an applicant shall submit proof of current certification, other than emeritus certification, by the Dental Assisting National Board (DANB).	
(h)	<p>Initial publication of an article or text related to the practice of dentistry, dental therapy, dental hygiene, or dental assisting in either of the following:</p> <ul style="list-style-type: none"> • A textbook. • A journal of a national association of dentists, dental therapists, dental specialists, dental hygienists, or dental assistants. <p>If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter.</p>	<p>Twenty-five hours may be earned per publication.</p> <p>A maximum of 25 hours may be earned in each renewal period.</p>
(i)	<p>Initial publication of an article related to the practice of dentistry, dental therapy, dental hygiene, or dental assisting in either of the following:</p> <ul style="list-style-type: none"> • A journal of an accredited dentistry, dental therapy, dental hygiene, or dental assisting school. • A state or state-component association of dentists, dental therapists, dental specialists, dental hygienists, or dental assistants. <p>If audited, an applicant shall submit a copy of</p>	<p>Twelve hours may be earned per publication.</p> <p>A maximum of 12 hours may be earned in each renewal period.</p>

	the publication that identifies the applicant as the author or a publication acceptance letter.	
(j)	<p>Independent reading of articles or viewing or listening to media, other than online programs, related to dental, dental therapy, dental hygiene, or dental assisting education.</p> <p>If audited, an applicant shall submit an affidavit attesting to the number of hours the applicant spent participating in these activities that includes a description of the activity.</p>	<p>One hour for each 50 minutes of participation may be earned per activity.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>
(k)	<p>Development and presentation of a table clinical demonstration or a continuing education lecture offered in conjunction with the presentation of continuing education programs approved by the board pursuant to subrule (3) of this rule that is not a part of the licensee's regular job description.</p> <p>If audited, an applicant shall submit a copy of the curriculum and a letter from the program sponsor verifying the length and date of the presentation.</p>	<p>One hour for each 50 minutes devoted to the development and initial presentation.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>
(l)	<p>Attendance at a dental-related program that is approved by the board pursuant to subrule (3) of this rule and that is relevant to health care healthcare and advancement of the licensee's dental education.</p> <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the</p>	<p>Ten hours of continuing education may be credited per year.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>

	<p>applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
(m)	<p>Providing volunteer patient or supportive dental services in this state at a board-approved program pursuant to subrule (4) of this rule that is not a part of the licensee's regular job description nor required under a board order or agreement and that complies with the following:</p> <ul style="list-style-type: none"> • The program is a public or nonprofit entity, program, or event, or a school or nursing home. • The program provides patient or supportive dental services to the indigent or dentally underserved populations. • The licensee does not receive direct or indirect remuneration of any kind including, but not limited to, remuneration for materials purchased or used. • The licensee shall sign in and sign out daily upon commencement and termination of the provision of services. • A dentist with a specialty license issued from this state shall limit volunteer 	<p>One hour for each 120 minutes of providing patient or supportive dental services.</p> <p>A dentist or special-retired volunteer dentist may earn a maximum of 20 hours per renewal period.</p> <p>A dental therapist, registered dental hygienistRDH, registered dental assistantRDA, special-retired volunteer dental therapist, special-retired volunteer registered dental hygienistRDH, and special-retired volunteer registered dental assistantRDA may earn a maximum of 12 hours per renewal period.</p>

	<p>clinical dental services to the specialty area in which the dentist is licensed.</p> <p>If audited, an applicant shall submit proof from the sponsor of the assignments and the hours of service provided.</p>	
(n)	<p>Providing patient or supportive dental services in this state to indigent or dentally underserved populations that is part of the licensee's regular job description but is not required under a board order or agreement.</p> <p>If audited, an applicant shall submit proof from an employer of the assignments and the hours worked.</p>	<p>One hour for each 120 minutes of providing patient or supportive dental services.</p> <p>A dentist or special-retired volunteer dentist may earn a maximum of 20 hours per renewal period.</p> <p>A dental therapist, RDH, RDA, special-retired volunteer dental therapist, special-retired volunteer RDH, and special-retired volunteer RDA may earn a maximum of 12 hours per renewal period.</p>

(2) If an organized continuing education course or program is offered in segments of 50 to 60 minutes each, 1 hour of credit is given for each segment.

(3) The following requirements are established for ~~board approval of~~ continuing education, which includes, but is not limited to, any continuing education not otherwise approved by subrule (1) of this rule:

(a) The continuing education applicant shall submit a ~~complete~~**completed** application, on forms provided by the department, **which includes submission of a curriculum vitae or biography for all instructors and speakers.** ~~A licensee shall submit a "Patient Protection" form provided by the department to the department for each continuing education course or program involving treatment of live patients.~~

(b) A completed application form must be submitted to the department ~~at least~~**not less than** 70 days before the date the course or program is conducted and **not less than** 70 days before the next regularly scheduled board meeting for the proposed continuing education to be considered for approval by the board. Continuing education conducted before board consideration and approval will be denied approval.

(c) A course or program must substantially meet the standards and criteria for an acceptable category of continuing education under this rule and must be relevant to ~~health care~~**healthcare** and advancement of the licensee's dental education.

(d) Board approval is for a term of 3 years from the date of approval.

(e) Approved continuing education must be reevaluated by the board before any changes during the 3-year approval term including, but not limited to, changes in the following:

(i) Instructors and speakers.

(ii) Content, title, ~~and~~ **or** number of continuing education hours to be awarded to participants.

(f) Subject to subdivision (g) of this subrule, all changes to previously approved continuing education courses or programs must be submitted on required department forms ~~at least~~**not less than** 70 days before the date the continuing education course or program is offered to participants and **not less than** 70 days before the next regularly scheduled board meeting to be considered for approval by the board. Any changes to the submitted and previously approved courses or programs conducted before board reconsideration and approval will be denied approval.

(g) Emergency changes to instructors and speakers that are unable to be submitted to the board ~~at least~~**not less than** 70 days before the date of the continuing education may be reviewed by the department in consultation with the board chair when proof acceptable to the department is submitted with the change supporting the nature of the emergency.

(h) **Other than the beginning term of approval**, The specific dates of the continuing education course or program ~~does~~ **and the number of times the course or program are offered do** not require further board approval and may be changed without review by the board if the presentation dates are within the board's original 3-year term of approval.

(i) All of the following information must be recorded on a continuing education course or program certificate of completion or other proof prepared by the sponsor conducting the continuing education:

(i) The name of the applicant, ~~sponsor,~~ **or both**.

(ii) Continuing education approval number issued by the board.

(iii) Course title.

~~(iv) Speaker or instructor.~~

~~(v)~~(iv) Date the approved continuing education course was conducted.

~~(vi)~~(v) Number of continuing education hours awarded.

~~(vii)~~(vi) ~~Approved sponsor's signature~~**Signature of the individual responsible for attendance.**

~~(viii)~~(vii) Dates of the current approval term.

~~(ix)~~(viii) Name of participant.

(j) The board may revoke the approval status of any approved continuing education course or program any time the course or program fails to comply with these rules.

(k) The continuing education applicant shall submit a “Patient Protection” form provided by the department to the department for each continuing education course or program involving treatment of live patients.

(4) The following requirements are established for board approval of a sponsor offering volunteer continuing education opportunities under subrule (1)(m) of this rule:

(a) A sponsor shall apply to the department to obtain approval as a sponsoring entity on the volunteer dental application form.

(b) A sponsor shall retain patient records.

(c) A sponsor shall retain documentation of all volunteer assignments and the hours of service provided.

(d) Upon request, a sponsor shall provide the board with the records, copy of the assignments, hours of service, and evidence of compliance with the requirements of subrule (1)(m) of this rule.

(e) A sponsor shall provide each licensee with verification of all volunteer hours of dental care provided by the licensee upon completion of the licensee’s service.

(f) Upon request, a sponsor shall submit documentation to the department, evidencing compliance with the requirements of subrules (1)(m) and (5) of this rule.

(g) Board approval is for a term of 4 years from the date of approval.

(h) The board may revoke the approval status of any volunteer continuing education opportunity any time an approved continuing education program fails to comply with these rules.

(i) All of the following information must be recorded on a continuing education certificate of completion or other proof prepared by the sponsor conducting the volunteer continuing education course or program:

(i) The name of the sponsoring organization.

(ii) Continuing education approval number issued by the board.

(iii) Dates and times of volunteer services.

(iv) Number of continuing education hours earned.

(v) Signature of individual responsible for attendance.

(vi) Dates of the current approval term.

(vii) Name of participant.

(5) A continuing education sponsor shall maintain evidence of participation in continuing education, including signed continuing education certificates of completion issued to participants, for a period of 5 years from the date of the continuing education program or course.

Rule 338.11811 Amalgam separator; installation and operation; requirements.

Rule Numbers	Commenter	Comment
Section(2)(c)	Accurso	Rule 1811(2)c should be updated from "Oral pathologists" to "Oral & maxillofacial pathologists" for consistency throughout the rules.
(2)(c)	Whitman-Herzer/Council of Michigan Dental Specialties, Inc.	Update from "Oral pathologists" to "Oral & maxillofacial pathologists" for consistency throughout the rules.
Rules Committee Response	(2)(c): The Rules Committee agrees with the comment.	

Rule 1811. (1) ~~On or before December 31, 2013, a dentist shall install, or have installed,~~ an amalgam separator on each wastewater drain in his or her dental office that is used to discharge dental amalgam waste. In addition to meeting the requirements of the code and these rules, a dentist who is required to install an amalgam separator, ~~pursuant to~~ **under** section 16631 of the code, MCL 333.16631, shall comply with all of the following:

- (a) Install an amalgam separator that meets the requirements of R 338.11813.
 - (b) Install, operate, and maintain the amalgam separator according to the manufacturer's instructions.
 - (c) Ensure the installed amalgam separator is properly sized to accommodate maximum dental amalgam wastewater flow rates at the dental office. The maximum allowable flow rate through an amalgam separator at a dental office must not exceed the maximum flow rate capacity at which the amalgam separator was tested under R 338.11813(1)(a).
 - (d) Ensure that all wastewater from the dental office containing dental amalgam waste passes through an installed and properly functioning and maintained amalgam separator before being discharged.
- (2) Subrule (1) of this rule does not apply to any of the following:
- (a) Oral and maxillofacial surgeons.
 - (b) Oral and maxillofacial radiologists.
 - (c) Oral **& maxillofacial** pathologists.
 - (d) Orthodontists.

- (e) Periodontists.
- (f) Dentists while providing services in a dental school educational program, in a hospital, or through a local health department.
- (g) Dentists who install and use a holding tank and do not discharge amalgam waste.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

DENTISTRY - GENERAL RULES

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(9) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16174, 16178, 16182, 16186, 16201, 16204, 16205, 16215, 16608, 16611, 16625, 16626, 16631, 16644, 16651, 16652, 16653, 16654, 16655, 16656, 16657, and 16658 of the public health code, 1978 PA 368, MCL 333.16145, 333.16148, 333.16174, 333.16178, 333.16182, 333.16186, 333.16201, 333.16204, 333.16205, 333.16215, 333.16608, 333.16611, 333.16625, 333.16626, 333.16631, 333.16644, 333.16651, 333.16652, 333.16653, 333.16654, 333.16655, 333.16656, 333.16657, and 333.16658, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030)

R 338.11101, R 338.11103, R 338.11120, R 338.11121, R 338.11201, R 338.11202, R 338.11203, R 338.11209, R 338.11213, R 338.11218, R 338.11221, R 338.11223, R 338.11233, R 338.11235, R 338.11239, R 338.11247, R 338.11255, R 338.11257, R 338.11259, R 338.11261, R 338.11263, R 338.11265, R 338.11267, R 338.11269, R 338.11301, R 338.11302, R 338.11302a, R 338.11303, R 338.11307, R 338.11401, R 338.11411, R 338.11417, R 338.11501, R 338.11512, R 338.11513, R 338.11515, R 338.11517, R 338.11519, R 338.11521, R 338.11523, R 338.11527, R 338.11601, R 338.11602, R 338.11603, R 338.11701, R 338.11703, R 338.11704, R 338.11704a, R 338.11705, R 338.11811, R 338.11813, and R 338.11821 of the Michigan Administrative Code are amended, R 338.11240, R 338.11256, R 338.11502, R 338.11504, R 338.11506, R 338.11508, R 338.11510, R 338.11611, R 338.11613, and R 338.11615 are added, and R 338.11605 is rescinded, as follows:

PART 1. GENERAL PROVISIONS

R 338.11101 Definitions.

Rule 1101. (1) As used in these rules:

- (a) "AAOMS" means American Association of Oral and Maxillofacial Surgeons.**
- (b) "AAP" means the American Academy of Pediatrics.**
- (c) "AAPD" means the American Academy of Pediatric Dentistry.**
- (d) "ACLS" means advanced cardiac life support.**
- (e) "ADA" means the American Dental Association or a successor organization.**

(f) “ADA CERP” means the American Dental Association Continuing Education Recognition Program.

(g) “ADEX” means the American Board of Dental Examiners, Inc. examination that is conducted by the CDCA-WREB-CITA.

(h) “AGD” means the Academy of General Dentistry.

(i) “AHA” means the American Heart Association.

(aj) “Allied dental personnel” means the supporting team ~~who~~that receives appropriate delegation from a dentist or dental therapist to participate in dental treatment.

~~(b)~~(k) “Analgesia” means the diminution or elimination of pain in the conscious patient as a result of the administration of an agent including, but not limited to, local anesthetic, nitrous oxide, and pharmacological and non-pharmacological methods.

~~(e)~~(l) “Approved course” means a course offered by either a dental, dental therapy, dental hygiene, or dental assistant program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) that meets the requirements in section 16611 of the code, MCL 333.16611.

(m) “ASA” means the American Society of Anesthesiologists.

~~(d)~~ “Assistant” means a nonlicensed person who may perform basic supportive procedures under the supervision of a dentist as provided in these rules.

(n) “BLS” means basic ~~advanced~~ cardiac life support.

~~(e)~~(o) “Board” means the Michigan ~~board of dentistry~~ Board of Dentistry.

(p) “CDAC” means the Commission on Dental Accreditation of Canada.

(q) “CDC **infection control guidelines**” means the Centers for Disease Control and Prevention **infection control guidelines established by the CDC in effect on the effective date of the rules and any amendments adopted by the CDC.**

(r) “CDCA-WREB-CITA” means the Commission on Dental Competency Assessments Western Regional Examining Board or a successor organization.

(s) “CODA” means the Commission on Dental Accreditation or a successor organization.

~~(g)~~(t) “Code” means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

~~(f)~~(u) “Conscious sedation” means a minimally depressed level of consciousness that retains a patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or a non-pharmacological method or a combination of both.

(v) “DDS” means doctor of dental surgery degree.

(w) “Dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel course or program” means the program or course will include the following presentation objectives:

1. Describe five key ethical principles; autonomy, beneficence, justice, veracity, and non-maleficence, and the guidance they provide to dental providers.

2. Describe fundamental legal principles important to dental providers, including contracts, intentional and unintentional torts, informed consent, and informed refusal.

3. Emphasize the importance of record keeping, include specific examples of what content should be included, including a template that can be modified to meet individual needs.

4. Present a framework to resolve frequently encountered ethical dilemmas.

5. Present the delegation and assigned duties in Table 1 of the board rules and explain the levels of supervision.

(hx) “Dental therapist” means a person licensed under part 166 of the code, MCL 333.16601 to 333.16659, to provide the care and services and perform any of the duties described in section 16656 of the code, MCL 333.16656.

(iy) “Dentist” means, except as otherwise provided in R 338.11801 **and R 338.11218**, a person licensed by the board under the code and these rules to engage in the practice of dentistry.

(jz) “Department” means the department of licensing and regulatory **affairs**.

(aa) “DMD” means doctor of dental medicine degree.

~~(k) “Enteral” means any technique of administration in which the agent is absorbed through the gastrointestinal or oral mucosa.~~

(hb) “General anesthesia” means the elimination of all sensations accompanied by a state of unconsciousness and loss of reflexes necessary to maintain a patent airway.

(cc) “INBDE” means the Integrated National Board Dental Examination.

(dd) “JCNDE” means the Joint Commission on National Dental Examinations.

~~(mee) “Licensed” means the possession of a full license to practice, unless otherwise stated by the code or these rules.~~

~~(nff) “Local anesthesia” means the elimination of sensation, especially pain, in 1 part of the body by the topical application or regional injection of a drug.~~

(gg) “NBDE” means the National Board Dental Examination.

(hh) “NBDHE” means the National Board Dental Hygiene Examination.

(ii) “NDEB” means the National Dental Examining Board of Canada.

~~(ejj) “Office” means the building or suite in which dental treatment is performed.~~

~~(p) “Parenteral” means a technique of administration in which the drug bypasses the gastrointestinal (gi) tract, including intramuscular (im), intravenous (iv), intranasal (in), submucosal (sm), subcutaneous (sc), and intraocular (io).~~

(kk) “PALS” means pediatric advanced life support.

~~(ell) “Registered dental assistantRDA” (RDA) means a person licensed as a registered dental assistant by the board under the code and these rules **who performs dental procedures as specified in R 338.11411, Table 1.** A ~~dental hygienist~~**RDH** may perform the functions of a ~~registered dental assistant~~ **RDA** if ~~he or she~~**the RDH** is licensed by the board as a ~~registered dental assistant~~ **RDA**.~~

~~(fmm) “Registered dental hygienistRDH” (RDH) means a person licensed as such a registered dental hygienist by the board under the code and these rules, **who performs basic supportive dental procedures as specified in R 338.11411, Table 1.**~~

~~(snn) “Second pair of hands” means acts, tasks, functions, and procedures performed by a ~~dental assistant~~ **UDA**, ~~registered dental assistant~~**RDA**, or ~~registered dental hygienist~~**RDH** at the direction of a dentist, dental therapist, or ~~registered dental hygienist~~**RDH** who is in the process of rendering dental services and treatment to a patient. The acts, tasks, functions, and procedures performed by a ~~dental assistant~~**UDA**, ~~registered dental assistant~~**RDA**, or ~~registered dental hygienist~~**RDH** are ancillary to the procedures performed by the dentist, dental therapist, or ~~registered dental hygienist~~**RDH** and intended to provide help and assistance ~~at the time when~~ the procedures are performed. This definition does not expand the duties of ~~the dental assistant~~ **UDA**,~~

~~registered dental assistantRDA, or registered dental hygienistRDH~~ as provided by the code and rules promulgated by the board.

(~~to~~) “Sedation” means the calming of a nervous, apprehensive individual, without inducing loss of consciousness, through the use of systemic drugs. Agents may be given orally, parenterally, or by inhalation.

(pp) “UDA” means an unregistered dental auxiliary, who is unlicensed and performs basic supportive dental procedures as specific in R 338.11411, Table 1.

(2) Unless otherwise defined in these rules, the terms defined in the code have the same meaning ~~when~~ **as** used in these rules.

~~treatment is performed upon a patient.~~

R 338.11103 Identification, written consent.

Rule 1103. At the inception of care for a patient, both of the following must occur:

(a) Each dentist, dental therapist, ~~dental assistantUDA, registered dental assistantRDA,~~ and ~~registered dental hygienistRDH~~ shall identify **himself or herself** to the patient as a dentist, dental therapist, ~~dental assistantUDA, registered dental assistantRDA,~~ or ~~registered dental hygienistRDH~~.

(b) The patient ~~shall be~~ provided with a written consent for treatment.

R 338.11120 Dental treatment records; requirements.

Rule 1120. (1) A dentist or dental therapist shall make, **retain, and preserve and maintain** a dental treatment record ~~on~~ of each patient.

(2) A dental treatment record must include all of the following information:

(a) Medical and dental history.

(b) The patient’s existing oral ~~health care~~ **healthcare** status and the results of any diagnostic aids used.

(c) The patient’s current health status as classified by the American Society of Anesthesiologists physical status classification system.

~~(e)~~(d) Diagnosis **as determined by the supervising dentist** and treatment plan.

~~(d)~~(e) Dental procedures performed upon the patient, including both of the following:

(i) The date the procedure was performed.

(ii) **The identity** ~~Identity~~ of the dentist, dental therapist, or allied dental personnel performing each procedure.

~~(e)~~(f) Progress notes that include a chronology of the patient’s progress throughout the course of all treatment.

~~(f)~~(g) The date, dosage, and amount of any drug prescribed, dispensed, or administered to the patient.

~~(g)~~(h) Radiographic **and photographic** images taken in the course of treatment. If radiographic **or photographic** images are transferred to another dentist, the name and address of that dentist must be entered in the treatment record.

(3) All dental treatment records must be maintained for not less than 10 years ~~from~~ **after** the date of the last treatment.

R 338.11121 Scheduled controlled substances; inventory record requirements.

Rule 1121. (1) ~~When~~ **If** a controlled substance, as described in article 7 of the code, MCL 333.7101 to 333.7545, is stocked in a dental office for dispensing or administering

to a patient, the dentist shall maintain an accurate inventory record of the drug that includes all of the following information:

- (a) The date and quantity of the drug purchased.
 - (b) The amount of the drug, dosage of the drug, and the date the drug was dispensed or administered.
 - (c) The name of the patient to whom ~~it~~ the drug was dispensed or administered.
- (2) The inventory record must be available for inspection for not less than 10 years.
- (3) The dentist shall keep an inventory record in addition to the dental treatment records required by R 338.11120.

PART 2. LICENSURE

R 338.11201 Licensure by examination to practice dentistry; graduates of programs in compliance with board standards.

Rule 1201. In addition to meeting the requirements of **R 338.7001 to R 338.7005; any other rules promulgated under the code; and** section 16174 of the code, MCL 333.16174, an applicant for dentist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee and ~~shall meet~~ all of the following requirements:

(a) Graduate from a dental educational program that complies with the standards in R 338.11301, in which **he or she the applicant** has obtained a ~~doctor of dental surgery (DDS) degree or doctor of dental medicine (DMD) degree.~~

(b) Pass all parts of the ~~national board examination (NBDE), or the INBDE if the INBDE replaces the NBDE,~~ that is conducted and scored by the ~~Joint Commission on National Dental Examinations (JCNDE),~~ to qualify for the licensing examination in subdivision (c) ~~or (d)~~ of this rule.

~~(c) Subject to subdivision (d) of this rule, pass a dental simulated clinical written examination that is conducted the Commission on Dental Competency Assessments (CDCA), previously known as North East Regional Board (NERB), or a successor organization, and 1 of the following:~~

~~—(i) Pass all parts of a clinical examination that is conducted and scored by the CDCA or a successor organization, or pass all parts of a clinical examination that is conducted by a regional testing agency if the examination is substantially equivalent, as provided in R 338.11255(5) and (6), to the dental simulated clinical written examination conducted by the CDCA, or a successor organization.~~

~~—(ii) Pass all parts of a clinical examination, developed and scored by a state, or other entity, that is substantially equivalent, as provided in R 338.11255(5) and (6), to the clinical examination of the CDCA or a successor organization.~~

~~(d)(c) Pass all parts, written and clinical, of the American Board of Dental Examiners, Inc. (ADEX) clinical examination that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency. Beginning 1 year after the effective date of this subdivision, an applicant shall meet the requirements of this subdivision instead of the requirements under subdivision (c) of this rule.~~

(d) Submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification

pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license, beginning 6 months after the effective date of this rule.

~~(e) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

~~(f) Complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.~~

R 338.11202 Licensure to practice dentistry; graduates of programs not meeting board standards; requirements.

Rule 1202. An applicant for dentist licensure by examination who graduated from a dental educational program that does not comply with the standards provided in R 338.11301 shall submit a completed application, on a form provided by the department, together with the requisite fee, **meet the requirements of the code, R 338.7001 to R 338.7005, and any other rules promulgated under the code**, and meet all of the following requirements:

(a) Comply with section 16174 of the code, MCL 333.16174.

(b) Submit to the department a final, official transcript establishing graduation from a program in which **he or she the applicant** has obtained a dental degree. If the transcript is issued in a language other than English, an original, official translation must also be submitted.

(c) **An applicant for dentist licensure by examination shall meet** Meet 1 of the following requirements:

(i) Graduate from a program in dentistry that complies with the standards in R 338.11301, in which **he or she the applicant** has obtained a DDS degree or DMD degree. The completion of the program must be confirmed by official transcripts from the school.

(ii) Graduate from a minimum 2-year master's degree or certificate program in dentistry that complies with the standards in R 338.11301, in which **he or she the applicant** has obtained a degree or certificate in a specialty branch of dentistry recognized in R 338.11501, with proof as required in part 5 of these rules.

(iii) **Graduate from a minimum 2-year master's degree or certificate program in dentistry that complies with the standards in R 338.11301, in which he or she the applicant has obtained a degree or certificate in a specialty branch of dentistry that has not been recognized in R 338.11501 but is approved by the board by request.**

(d) Pass all parts of the ~~national board examination~~ **NBDE or INBDE if the INBDE replaces the NBDE** that is conducted and scored by the JCNDE.

~~(e) Subject to subdivision (f) of this subrule, pass the dental clinical written examination and a clinical examination, as described in R 338.11201(e).~~

~~(f)(e) Pass all parts, written and clinical, of the ADEX clinical examination that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency. Beginning 1 year after the effective date of this subdivision, an applicant shall meet the requirements of this subdivision instead of the requirements under subdivision (e).~~

(f) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to

standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(g) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

~~(h) Complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.~~

R 338.11203 Dental examinations; required passing scores.

Rule 1203. (1) The board approves and adopts the examinations developed and scored by the JCNDE. An applicant shall provide evidence to the department of passing each component of the examination with a converted score of not less than 75.

(2) The board approves and adopts all parts of the ADEX ~~clinical~~ examination. A passing score on the ~~clinical~~ examination is the score recommended by the CDCA-WREB-CITA or its successor organization. An applicant shall provide evidence to the department of a converted score of 75 or higher on each ~~component~~part of the examination.

(3) The required parts of the ADEX examination include all of the following:

(a) Computer-based diagnostic skills examination objective structured clinical examination.

(b) Endodontic clinical examination.

(c) Fixed prosthodontic clinical examination.

(d) Periodontal/scaling patient or manikin clinical examination

(e) Restorative clinical patient or manikin examination.

R 338.11209 Licensure by examination to practice dental therapy.

Rule 1209. In addition to meeting the requirements of **R 338.7001 to R 338.7005, any other rules promulgated under the code, and** section 16174 of the code, MCL 333.16174, an applicant for dental therapist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee and shall meet all of the following requirements:

(a) Graduate from a dental therapy educational program that meets the standards in R 338.11302.

(b) Pass **all parts, the comprehensive, competency-based clinical examination developed and scored by written and clinical, of the ADEX examination that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency, or an examination that is substantially equivalent to the ADEX examination as determined by the board pursuant to R 338.11257(5) and (6),** with a passing converted score of not less than 75 on each component of the examination.

(c) Complete ~~at least~~**not less than** 500 hours of clinical practice as required under R 338.11218.

(d) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(d) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~
~~(e) Complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.~~

R 338.11213 Dental therapy examinations; required passing scores.

Rule 1213. **(1)** The board approves and adopts **all parts of the ADEX examination, comprehensive, competency-based dental therapy clinical examination developed and scored conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency.** An applicant shall provide evidence to the department of passing each component of the examination with a converted score of not less than 75.

(2) The required parts of the examination include both of the following:

- (a) Computer-based dental therapy objective structured clinical examination.**
- (b) Clinical examinations on a manikin or patient.**

R 338.11218 Dental therapy clinical practice in board approved program; requirements.

Rule 1218. **(1)** The dental therapy clinical practice required for licensure must comply with all of the following:

(a) The clinical practice must be included in a dental therapy education program that meets the standards in R 338.11302.

(b) A dental therapy student shall complete ~~at least~~ **not less than** 500 clinical practice hours within the educational program, including practice hours in extractions and restorations as determined by the educational program.

(c) A dental therapy student shall be under the direct supervision of a dentist ~~who is currently licensed in this state and is in good standing.~~

~~(d)~~**(2)** A dentist under disciplinary review or action **or who has been under disciplinary action in the past 5 years** shall not provide direct supervision of a dental therapy student in a clinical practice. If a dentist is notified by the department that ~~he or she~~ **the dentist** is under disciplinary review or action by any state, within 7 days ~~of~~ **after** notification, ~~he or she~~ **the dentist** shall notify the dental therapist program and discontinue directly supervising the dental therapy student in ~~his or her~~ **the student's** clinical practice.

~~(2)~~**(3)** As used in this rule:

(a) "Dentist" means a dentist licensed in this state or an individual authorized under the laws of another state to engage in the practice of dentistry.

(b) "Direct supervision" means that the supervising dentist complies with all of the following:

~~(a)~~**(i)** Designates a patient of record upon whom the procedures are to be performed by the dental therapy student.

~~(b)~~**(ii)** Describes the procedures to be performed to the dental therapy student.

~~(c)~~**(iii)** Examines the patient before prescribing the procedures to be performed by the dental therapy student.

~~(d)~~**(iv)** Examines the patient upon completion of the procedures that were performed by the dental therapy student.

~~(e)~~**(v)** Is physically present in the office ~~at the time~~ **when** the procedures are being performed by the dental therapy student.

R 338.11221 Licensure by examination to practice dental hygiene.

Rule 1221. In addition to meeting the requirements of **R 338.7001 to R 338.7005**, any **other rules promulgated under the code**, and section 16174 of the code, MCL 333.16174, an applicant for dental hygienist licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee, **and shall** meet all of the following requirements:

(a) Graduate from a dental hygiene educational program in compliance with the standards in R 338.11303.

(b) Pass all parts of the ~~dental hygiene national board examination~~ **NBDHE** that is conducted and scored by the JCNDE to qualify for the licensing examination provided for in subdivision (c) ~~or (d)~~ of this rule. The requirement does not apply to an applicant who graduated from a dental hygiene program before 1962.

~~(c) Subject to subdivision (d) of this rule, pass a dental hygiene simulated clinical written examination conducted by the CDCA or a successor organization, and 1 of the following:~~

~~(i) Pass all parts of a clinical examination that is conducted and scored by the CDCA or a successor organization or pass all parts of a clinical examination that is conducted by a regional testing agency if the examination is substantially equivalent, as provided in R 338.11255(5) and (6), to the dental hygiene simulated clinical written examination conducted by CDCA or a successor organization.~~

~~(ii) Pass all parts of a clinical examination developed and scored by a state or other entity that is substantially equivalent as provided in R 338.11255(5) and (6), to the clinical examination of the CDCA or a successor organization.~~

~~(d)(c) Pass all parts written and clinical, of the ADEX ~~clinical~~ examination that is conducted and scored by the CDCA-**WREB-CITA**, a successor organization, or by another regional testing agency. Beginning 1 year after the effective date of this subdivision, an applicant shall meet the requirements of this subdivision instead of the requirements under subdivision (c) of this rule.~~

(d) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(e) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

R 338.11223 ~~Registered dental hygienist~~**RDH** examinations; passing scores.

Rule 1223. (1) The board approves and adopts the dental hygiene examination developed and scored by the JCNDE. An applicant shall provide evidence to the department of passing each component of the examination with a converted score of not less than 75.

(2) The board approves and adopts all parts of the ADEX ~~clinical~~ examination. A passing score on the clinical examination is the score recommended by the CDCA-**WREB-CITA** or its successor organization. An applicant shall provide evidence to the department of a converted score of 75 or greater on each component of the examination.

- (3) **The required parts of the ADEX examination include the following:**
- (a) **Computer simulated clinical examination.**
 - (b) **Patient or manikin treatment clinical examination.**

R 338.11233 Registered dental hygienist; use of letters "R.D.H."; registered dental assistant; use of letters "R.D.A."

Rule 1233. (1) Pursuant to ~~Under~~ section 16264 of the code, MCL 333.16264, ~~the registered dental hygienist~~ a **RDH** who has received a bona fide degree or certificate of dental hygiene from a ~~duly recognized and accredited~~ **CODA-approved** program of dental hygiene and who has completed all requirements for licensure may use the letters "R.D.H." after **his or her** name in connection with the practice of dental hygiene.

(2) Pursuant to ~~Under~~ section 16264 of the code, MCL 333.16264, a ~~registered dental assistant~~ **RDA** who has received a bona fide degree or certificate of dental assisting from a ~~duly recognized and accredited~~ **CODA-approved** program of dental assisting and who has completed all requirements for licensure may use the letters "R.D.A." after **his or her** name in connection with the practice of dental assisting.

R 338.11235 Licensure to practice as a ~~registered dental assistant~~ **RDA**; requirements.

Rule 1235. In addition to meeting the requirements of **R 338.7001 to R 338.7005**, **any other rules promulgated under the code**, and section 16174 of the code, MCL 333.16174, an applicant for ~~registered dental assistant~~ **RDA** licensure by examination shall submit a completed application, on a form provided by the department, together with the requisite fee and ~~shall meet both~~ **all** of the following requirements:

(a) Graduate or receive a certificate from an educational program that meets the standards in R 338.11307.

(b) Provide evidence to the department of passing both a board-approved written examination and board-approved clinical examination that meets the requirements in R 338.11239, with a score of not less than 75, on all sections of both examinations.

(c) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(e) Beginning January 6, 2022, complete a 1-time training identifying victims of human trafficking as required in R 338.11271 and section 16148 of the code, MCL 333.16148.~~

R 338.11239 ~~Registered dental assistant~~ **RDA** examination; content; time; place; passing score.

Rule 1239. (1) Upon a written request, the board shall review a written and clinical examination for compliance with the criteria in subrule (2) of this rule.

(2) An examination for licensure as a ~~registered dental assistant~~ **RDA** must be both written and clinical and include all of the following:

(a) Oral anatomy.

(b) Law and rules governing allied dental personnel.

- (c) Instrumentation and use of dental materials.
- (d) Mouth mirror inspection.
- (e) Dental dam application.
- (f) Application of anticariogenics, which includes sealants, fluoride varnish, and fluoride applications.
- (g) Placement and removal of temporary crowns and bands.
- (h) Radiography.
- (i) Application and removal of post extraction and periodontal dressings.
- (j) Removal of sutures.
- (k) Fabrication of temporary crowns.
- (l) Placing, condensing, and carving amalgam restorations.
- (m) Taking final impressions for indirect restorations.
- (n) Assisting and monitoring the administration of nitrous oxide analgesia.
- (o) Placing, condensing, and carving intracoronal temporaries.
- (p) Infection control, safety, and occupational safety and health administration.
- (q) Orthodontic procedures.
- (r) Placing resin bonded restorations, occlusal adjustment, and finishing and polishing with a non-tissue cutting slow-speed handpiece.
- (s) Selective coronal polishing before orthodontic or restorative procedures only.
- (t) Charting the oral cavity.
- (u) Classifying occlusion.
- (v) Nutritional counseling.
- (w) Medical emergency procedures.
- (x) Pulp vitality testing.
- (y) Placement and removal of gingival retraction materials or agents.
- (z) Drying endodontic canals.
- (aa) Taking impressions for study and opposing models.
- (bb) Instructing in the use and care of dental appliances.
- (cc) Applying topical anesthetic solution.
- (dd) Etching, placing, contouring, and polishing of sealants with a slow-speed rotary handpiece for occlusal adjustment.
- (ee) Placing and removing matrices and wedges.
- (ff) Applying cavity liners and bases.
- (gg) Applying and dispensing in-office bleaching products.
- (hh) Adjusting and polishing contacts and occlusion of indirect restorations.
- (ii) Digital scans.**
- (jj) Impressions for bite registration.**
- (kk) Applying desensitizing agents.**
- (ll) Cement removal.**
- (3) The passing score for an examination is a converted score of 75 on each section.

R 338.11240 Registered dental assisting licensure applicant who fails the Michigan examination.

Rule 1240. (1) The applicant shall pass both the clinical and written portions of this state's examination within 18 months after the date ~~he or she~~ the applicant takes either examination.

(2) If the applicant fails either the clinical or written portion of the examination 3 successive times, ~~he or she~~the applicant shall retake both the written and clinical portions of the examination.

R 338.11247 Limited licenses; issuance; requirements.

Rule 1247. (1) The board may issue ~~a~~ an educational limited license for postgraduate education, under section 16182(2)(a) of the code, MCL 333.16182, to an applicant who is a graduate of a dental, dental therapy, dental hygiene, or dental assistant program, and who is engaged in ~~a CODA-accredited~~ **CODA-accredited** postgraduate dental education program. An educational limited license ~~is~~ **must be renewed annually at the discretion of the department, and except for a 1-time extension that may be granted by the board, it is** renewable only 7 times. ~~A 1-time extension may be granted by the board. All of the following apply to an educational limited license:~~

~~(a)~~ An applicant for an educational limited license shall comply with all of the following:

~~(i)~~**(a)** Submit the required fee and a completed application on a form provided by the department.

~~(ii)~~**(b)** Meet **the requirements of R 338.7001 to R 338.7005, any other rules promulgated under the code, and** the requirements of section 16174 of the code, MCL 333.16174.

~~(iii)~~**(c)** Submit proof of graduation from a dental, dental therapy, dental hygiene, or dental assistant program in the form of a certified copy of a diploma and transcript. If the transcript is issued in a language other than English, an applicant shall submit an original, official translation.

~~(iv)~~**(d)** Submit documentation verifying that ~~he or she~~the applicant has been accepted into a ~~CODA-accredited~~**CODA-accredited** postgraduate dental education program.

(e) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(f) Beginning 6 months after the effective date of this subdivision, submit proof of having attended training of at least 1 hour in infection control that includes sterilization of hand pieces, personal protective equipment, and the CDC infection control guidelines.

~~(b)~~**(g)** An educational limited license holder shall not hold ~~himself or herself~~ out to the public as being engaged in the practice of dentistry, dental therapy, dental hygiene, or as a dental assistant, or provide dental services outside ~~his or her~~the licensee's postgraduate dental education program.

~~(e)~~**(h)** An educational limited licensed dentist, dental therapist, or dental hygienist may perform dental procedures ~~upon~~on patients as directed by ~~his or her~~the licensee's postgraduate dental education program if the procedures are performed under the general supervision, as **that term is** defined in R 338.11401(d), of a fully licensed dentist.

~~(d)~~**(i)** An educational limited licensed dental assistant may perform dental procedures ~~upon~~on patients as directed by ~~his or her~~the licensee's postgraduate dental education program if ~~he or she~~the applicant complies with all of the following:

(i) The procedures are performed under the direct supervision, as **that term is** defined in R 338.11401(c), of a fully licensed dentist.

(ii) The limited licensed dental assistant has satisfied the 35 hours of additional education in an approved course as required under sections 16611(7) and (11) to (13) of the code, MCL 333.16611.

(iii) The limited licensed dental assistant has successfully completed a course in dental radiography that is substantially equivalent to a course taught in a program approved by the board under R 338.11302, R 338.11303, or R 338.11307.

(2) The board may issue a limited license, under section 16182(2)(b) of the code, MCL 333.16182, for nonclinical services, to an applicant of a dental, dental therapy, dental hygiene, or dental assistant program who functions only in a nonclinical academic research or administrative setting. ~~All of the following apply to a nonclinical limited license:~~

~~(a)~~ An applicant for a nonclinical limited license shall comply with all of the following:

~~(i)~~**(a)** Submit the required fee and a completed application on a form provided by the department.

~~(ii)~~**(b)** Meet **the requirements of R 338.7001 to R 338.7005, any other administrative rules promulgated under the code, and** the requirements of section 16174 of the code, MCL 333.16174.

~~(iii)~~**(c)** Submit proof of graduation from a dental, dental therapy, dental hygiene, or dental assistant program in the form of a certified copy of a diploma and transcript. If the transcript is issued in a language other than English, the applicant shall submit an original, official translation.

~~(iv)~~**(d)** Submit documentation verifying that the applicant has been placed in a nonclinical academic, research, or administrative setting.

(e) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(f) Beginning 6 months after the effective date of this subdivision submit proof of having attended training of at least 1 hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines.

~~(g)~~**(g)** A nonclinical license holder shall not hold **himself or herself** out to the public as being engaged in the practice of dentistry, dental therapy, dental hygiene, or as a dental assistant other than in their nonclinical academic, research, or administrative setting, or provide dental services outside of **his or her the licensee's** nonclinical academic, research, or administrative setting.

(3) The board may issue a limited license, under section 16182(2)(c) of the code, MCL 333.16182, for clinical academic services, to an applicant who is a graduate of a dental, dental therapy, dental hygiene, or dental assistant program, who practices the health profession only in connection with **his or her the applicant's** employment or other contractual relationship with that academic institution. ~~All of the following apply to a clinical limited license:~~

~~(a)~~ An applicant for a clinical limited license shall comply with all of the following:

(i)(a) Submit the required fee and a completed application on a form provided by the department.

(ii)(b) Meet the requirements of R 338.7001 to R 338.7005, any other rules promulgated under the code, and the requirements of section 16174 of the code, MCL 333.16174.

(iii)(c) Submit proof of graduation from a dental, dental therapy, dental hygiene, or dental assistant program in the form of a certified copy of a diploma and transcript. If the transcript is issued in a language other than English, the applicant shall submit an original, official translation.

(iv)(d) Submit documentation verifying that the applicant has been offered and accepted employment in an academic institution.

(e) Beginning 6 months after the effective date of this subdivision, submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(f) Beginning 6 months after the effective date of this subdivision, submit proof of having attended training of at least 1 hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines.

(b)(g) A clinical limited license holder shall not hold himself or herself out to the public as being engaged in the practice of dentistry, dental therapy, dental hygiene, or as a dental assistant other than in connection with his or her the licensee's employment or other contractual relationship with an academic institution, or provide dental services outside his or her the licensee's employment or other contractual relationship with an academic institution.

(e)(h) A clinical academic limited licensed dentist, dental therapist, or dental hygienist may perform dental procedures upon patients in connection with his or her the licensee's employment or contractual relationship with an academic institution if the procedures are performed under the general supervision, as that term is defined in R 338.11401(d), of a fully licensed dentist.

(d)(i) A clinical academic limited licensed dental assistant may perform dental procedures upon patients in connection with his or her the licensee's employment or contractual relationship with an academic institution if he or she the applicant complies with all of the following:

(i) The procedures are performed under the direct supervision, as that term is defined in R 338.11401(c), of a fully licensed dentist.

(ii) The limited licensed dental assistant has satisfied the 35 hours of additional education in an approved course as required under section 16611(7), and (11) to (13) of the code, MCL 333.16611.

(iii) The limited licensed dental assistant has successfully completed a course in dental radiography that is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11303 or R 338.11307.

(4) Limited licenses must be renewed annually and are issued at the discretion of the department.

(5) An applicant for renewal of an academic clinical limited license who has been licensed for twelve months immediately preceding the expiration date of the license shall complete not less than 20 hours of continuing education for a dentist, 18 hours of continuing education for a dental therapist, and 12 hours of continuing education for a dental hygienist or dental assistant, which is approved by the board under R 338.11704a and incurred during the 12 months before the end of the license cycle. The continuing education shall comply with the following:

(a) Complete not less than 1 hour of the required continuing education hours in pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(b) Complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, which may be completed in 1 or more courses. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(c) Complete a minimum of 6 hours, 4 hours for a dental hygienist and dental assistant, of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(d) Complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(e) Complete a minimum of 6 hours, 4 hours for a dental hygienist and dental assistant, of the required continuing education hours by attending synchronous, live courses or programs, in-person or virtual, that provide for the opportunity of direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues, including delivery of care, materials used in delivery of care, and pharmacology.

(f) Complete no more than 1/2 of the required continuing education hours asynchronously, noninteractive.

(g) Except for the 1-time training in human trafficking, which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an applicant may not earn continuing education credit for implicit bias training required by R 338.7004, and may not earn credit for a continuing

education program or activity that is identical to a program or activity an applicant has already earned credit for during that renewal period.

(h) The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. An applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years after the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(i) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department for the board's consideration not less than 30 days before the last regularly scheduled board meeting before the expiration date of the license. The public notice for the board meetings can be found at: <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/dental>.

R 338.11255 Licensure by endorsement of dentist; requirements.

Rule 1255. (1) An applicant who has never held a dental license in this state, **who is licensed in another state**, and who is not applying for licensure by examination may apply for licensure by endorsement by submitting a completed application on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed in another state as a dentist is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if ~~he or she~~ **the applicant** meets **the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and** all of the following requirements in subdivisions (a) to ~~(e)~~(g) of this subrule, subject to subdivisions ~~(f)~~(h) to (j) of this subrule and ~~(g)~~:

(a) **An applicant for licensure by endorsement shall meet 1 of the following requirements:**

(i) Has graduated from a dental educational program that meets the standards in R 338.11301, in which ~~he or she~~ **the applicant** has obtained at least a 2-year DDS degree or DMD degree. **The completion of the program must be confirmed by official transcripts from the school, and provides the department with the original, official transcripts of professional education and with documentation of graduation.**

(ii) **If the applicant graduated from a dental educational program that does not comply with the standards provided in R 338.11301, the applicant shall meet 1 of the following requirements for licensure by endorsement in this state:**

(A) **Has graduated from a minimum 2-year master's degree or certificate program in dentistry that complies with the standards in R 338.11301, in which ~~he or she~~ **the applicant** has obtained a degree or certificate in a specialty branch of dentistry recognized in R 338.11501, with proof as required in part 5 of these rules.**

(B) **Has graduated from a minimum 2-year master's degree or certificate program in dentistry that complies with the standards in R 338.11301, in which ~~he or she~~ **the applicant** has obtained a degree or certificate in a specialty branch of dentistry that has not been recognized in R 338.11501 but is approved by the board.**

(b) **Has passed all phases of the ~~national board examination~~ **examination** NBDE or INBDE if the INBDE replaces the NBDE for dentists, in sequence.**

(c) Verifies his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a dentist, including the record of any disciplinary action taken or pending against the applicant. **Until 6 months after the effective date of these rules, the Subject to (h) and (i) of this rule, the applicant submits proof of successful completion of a regional examination or state board examination that was required as part of the licensing process of the state where the applicant holds his or her license and that is substantially equivalent under R 338.11257(5), to all parts, written and clinical, of the ADEX examination required in R 338.11223(2) and (3) that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency. If the applicant has passed a regional or state board examination the applicant may petition the board for review of the regional examination or a state board examination for a determination that it is substantially equivalent under R 338.11257(5) and (6), to all parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB-CITA. A passing score on a substantially equivalent examination is the score recommended by the sponsoring organization. However, an applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination. Beginning 6 months after the effective date of these rules, the applicant shall have passed all parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB, a successor organization, or by another regional testing agency required in R 338.11203(2) and (3).**

(d) Has held a license as a dentist in good standing in another state for ~~30 days~~ 1 year before filing an application in this state.

~~(e) Submits proof of successful completion of 1 of the regional examinations described in subrule (4) of this rule. This requirement is waived for individuals who were licensed initially in another state before 2002 and who were not required to complete a regional examination as part of the initial licensing process as confirmed by the state in which the initial license was awarded. Discloses each license, registration, or certification in a health profession or specialty issued by any another state, the United States military, the federal government, or another country on the application form.~~

(f) Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(g) Submits proof of current certification in **BLS** or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(f)(h) Until January 1, 2029, if an An applicant was who is licensed and practicing as a dentist in another state that required the successful completion of a regional examination or state board, and the who applicant has been practicing for a minimum of 5 years in the United States immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirements of subdivisions (a), (b), and (d)(c) of this subrule.~~

~~(g)~~**(i) Until January 1, 2029, if an** An applicant is **who is licensed and practicing** as a dentist in another state that does not require the successful completion of a regional examination, ~~and the applicant and who~~ **and who** has been practicing for a minimum of 5 years ~~in the United States immediately preceding the application for licensure in this state, it is presumed that the applicant~~ meets the requirements of subdivisions (a) and (b) of this subrule. **The applicant may petition the board for a determination that the applicant's credentials are substantially equivalent to the requirements for licensure by endorsement instead of taking an examination.**

(j) Beginning January 1, 2029, an applicant who is licensed and has been practicing as a dentist in another state for a minimum of 5 years immediately preceding the application for licensure in this state, and who passed the ADEX examination, meets the requirements of subdivisions (a), (b), and (c) of this subrule.

(3) The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any other~~**another** state for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

~~(4) For purposes of this rule, subject to subrules (5) and (6) of this rule, the board approves and adopts the clinical examinations of other regional testing agencies or state boards if the examinations are substantially equivalent to all parts, written and clinical, of the ADEX clinical examination that is conducted and scored by the CDCA, a successor organization, or another regional testing agency. A passing score on the clinical examination is the score recommended by the sponsoring organization. An applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination.~~

~~(5) To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider at least the following factors:~~

- ~~—(a) Subject areas included.~~
- ~~—(b) Detail of material.~~
- ~~—(c) Comprehensiveness.~~
- ~~—(d) Length of an examination.~~
- ~~—(e) Degree of difficulty.~~

~~(6) To demonstrate substantial equivalency as specified in subrule (4) of this rule, an applicant may be required to submit materials, including the following:~~

- ~~—(a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.~~
- ~~—(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards that were in effect at the time of the examination.~~
- ~~—(c) An affidavit from a state licensing board or examination agency that describes the examination.~~

R 338.11256 Licensure by endorsement of dentist licensed in Canada; requirements.

Rule 1256. An applicant who currently holds a license as a dentist in Canada but has never been licensed as a dentist in this state may apply for a license by endorsement and is presumed to meet the requirements of section 16186 of the code,

MCL 333.16186, if ~~he or she~~ the applicant meets the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, section 16174 of the code, MCL 333.16174, submits a completed application on a form provided by the department together with the requisite fee, and provides proof of all of the following:

- (a) The applicant's Canadian license is active and in good standing for 1 year before filing an application in this state.**
- (b) The applicant has been certified by the NDEB.**
- (c) The applicant has passed 1 of the following:**
 - (i) The NDEB dental written examination and the ADEX clinical examination.**
 - (ii) All parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency.**
- (d) The applicant has graduated with 1 of the following:**
 - (i) A BDS, DDS, or DMD degree from a program accredited by the CDAC with all training completed in Canada.**
 - (ii) A DDS degree or DMD degree from a dental educational program that complies with the standards in R 338.11301.**
- (e) The applicant discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.**
- (f) The applicant satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.**
- (g) The applicant submits proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.**

R 338.11257 Licensure by endorsement of ~~dentist~~ dental therapist; requirements.

Rule 1257. (1) An applicant who has never held a dental therapy license in this state and who is not applying by examination may apply for licensure by endorsement by submitting a completed application on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed as a dental therapist in another state is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if ~~he or she~~ the applicant meets the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and all of the following requirements:

- (a) ~~Has graduated~~ Graduated from a dental therapy educational program that meets the standards in R 338.11302 and provides the department with the original, official transcripts of professional education and documentation of graduation for board evaluation.**
- (b) ~~Has passed~~ Passed all parts, written and clinical, of the ADEX examination that is the comprehensive, competency-based clinical examination developed and conducted scored by the CDCA-WREB-CITA, a successor organization, or by another regional**

testing agency, with a converted passing score of not less than 75 on each component of the examination.

(c) Verifies completion of ~~at least~~ **not less than** 500 hours of clinical practice in dental therapy, that substantially meets the requirements of R 338.11218, in a dental therapy educational program that meets the standards in R 338.11302.

(d) ~~Verifies his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a dental therapist, including the record of any disciplinary action taken or pending against the applicant.~~ **Discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.**

(e) **Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.**

~~(e)~~(f) Has held a license as a dental therapist **that is active and** in good standing in another state ~~30 days~~ **for 1 year** before filing an application in this state.

(g) **Submits proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.**

(3) The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any other~~ **another** state for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

(4) For purposes of this rule, subject to subrules (5) and (6) of this rule, the board may approve a dental therapist clinical **regional or state board** examination ~~of another state board~~ if the examination is substantially equivalent to all parts of the **ADEX examination**, a comprehensive, competency-based clinical examination developed ~~and scored~~ by the CDCA-**WREB-CITA**, or a successor organization. A passing score on a substantially equivalent examination is the score recommended by the sponsoring organization. ~~An~~ **However, an** applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination.

(5) To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider at least the following factors:

- (a) Subject areas included.
- (b) Detail of material.
- (c) Comprehensiveness.
- (d) Length of an examination.
- (e) Degree of difficulty.

(6) To demonstrate substantial equivalency as specified in subrules (4) and (5) of this rule, an applicant may be required to submit materials, including **any of** the following:

- (a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.

(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards that were in effect at the time of the examination.

(c) An affidavit from a state licensing board or examination agency that describes the examination.

R 338.11259 Licensure by endorsement of dental hygienists; requirements.

Rule 1259. (1) An applicant who has never held a ~~registered dental hygienist~~ RDH license in this state and who is not applying by examination may apply for licensure by endorsement by submitting a completed application, on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed in another state as a dental hygienist is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if ~~he or she~~ **the applicant** meets **the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and** all of the following requirements in subdivisions (a) to ~~(e)~~**(g) of this subrule**, subject to subdivisions ~~(f) and (g)~~ **subrules (3) to (5) of this rule:**

(a) Has graduated from a dental hygiene educational program that meets the standards provided in R 338.11303 and provides the department with the original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Has passed all phases of the ~~national board examination for dental hygienists~~ NBDHE. This requirement is waived for persons who graduated from an accredited school before 1962.

~~(c) Verifies his or her license, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a dental hygienist license including the record of any disciplinary action taken or pending against the applicant.~~

~~(d)~~**(c) Submits proof of successful completion of a written and clinical examination that is substantially equivalent to the examinations required** **Until 6 months after the effective date of these rules, the** **The applicant submits proof of successful completion of a regional examination or state board examination that was required as part of the licensing process of the state where the applicant holds his or her license, and is substantially equivalent per R 338.11257(5), to all parts, written and clinical, of the ADEX examination required in R 338.11223(2) and (3) that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency. If the applicant has passed a regional examination or state board examination the applicant may petition the board for review of the regional examination or a state board examination for a determination that it is substantially equivalent under R 338.11257(5) and (6), to all parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB-CITA. A passing score on a substantially equivalent examination is the score recommended by the sponsoring organization. However, an applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination. Beginning 6 months after the effective date of these rules, the applicant shall have passed all parts, written and clinical, of the ADEX examination that is**

~~conducted by the CDCA-WREB, a successor organization, or by another regional testing agency required in R 338.11223(2).~~ This requirement is waived for individuals who were licensed initially in another state of the United States before 2002 and who were not required to complete a regional examination as part of the initial licensing process as confirmed by the state of the United States in which the initial license was awarded.

~~(e)(d)~~ **Has held** Holds a license as a dental hygienist **that is active and** in good standing in another state ~~30 days~~ **for at least 1 year** before filing an application in this state.

(e) Discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.

(f) Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(g) Submits proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(f)(3)~~ **Until January 1, 2029, If an An** applicant ~~was~~ **who is licensed and is practicing** as a dental hygienist in another state ~~that requires~~ **required** the successful completion of a regional examination **or state board**, and the applicant has been practicing in the United States for a minimum of 3 years immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirements of subdivisions (a), (b), and (d) of this subrule. **subrule (2)(a), (b), and (c) of this rule.**

~~(g)(4)~~ **Until January 1, 2029, If an An** applicant is **who is licensed and is practicing** as a dental hygienist in another state that does not require the successful completion of a regional examination and the applicant has been practicing in the United States for a minimum of 3 years immediately preceding the application for licensure in this state, it is presumed that the applicant meets the requirement of subdivisions (a) and (b) of this subrule. **subrule (2)(a) and (b) of this rule. The applicant may petition the board for a determination that the applicant's credentials are substantially equivalent to the requirements for licensure by endorsement instead of taking an examination.**

~~(5)~~ **Beginning January 1, 2029, an applicant who is licensed and is practicing as a hygienist in another state for a minimum of 3 years immediately preceding the application for licensure in this state, that passed the ADEX examination, meets the requirements of subrule (2)(a), (b), and (c) of this rule.**

(6) An applicant who currently holds a license as a dental hygienist in Canada but who has never been licensed as a dental hygienist in this state may apply for a license by endorsement and is presumed to meet the requirements of section 16186 of the code, MCL 333.16186, if he or she if applicant meets the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, requirements of section 16174 of the code, MCL 333.16174, submits a completed application on a form provided by the department together with the requisite fee, and provides proof of all of the following:

(a) The applicant's Canadian license is active and in good standing for at least 1 year before filing an application in this state.

(b) The applicant has passed 1 of the following:

(i) The National Dental Hygiene Canadian Exam written examination and the ADEX clinical examination.

(ii) All parts, written and clinical, of the ADEX examination that is conducted by the CDCA-WREB-CITA, a successor organization, or by another regional testing agency.

(c) The applicant has graduated from 1 of the following:

(i) A dental hygiene program accredited by CDAC with all training completed in Canada.

(ii) A dental hygiene educational program in compliance with the standards in R 338.11303.

(f) The applicant discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.

(g) The applicant satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(h) Submits proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

~~(3)(7)~~ The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any other~~ another state of the United States for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

~~(4)~~ For purposes of this rule, subject to subrules (5) and (6) of this rule, the board approves and adopts the clinical examinations of other regional testing agencies or state boards if the examinations are considered to be substantially equivalent to all parts, written and clinical, of the ADEX clinical examination that is conducted and scored by the CDCA, a successor organization, or another regional testing agency. A passing score on the clinical examination is the score recommended by the sponsoring organization. An applicant shall present evidence to the department of a converted score of 75 or higher on each component of the examination.

~~(5)~~ To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider at least the following factors:

~~—(a) Subject areas included.~~

~~—(b) Detail of material.~~

~~—(c) Comprehensiveness.~~

~~—(d) Length of an examination.~~

~~—(e) Degree of difficulty.~~

~~(6)~~ To demonstrate substantial equivalency as specified in subrule (4) of this rule, an applicant may be required to submit materials, including the following:

~~—(a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.~~

~~—(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards that were in effect at the time of the examination.~~

~~—(c) An affidavit from a state licensing board or examination agency that describes the examination.~~

R 338.11261 Licensure by endorsement of ~~registered dental assistants~~**RDA**s; requirements.

Rule 1261. (1) An applicant who has never held a ~~registered dental assistant~~**RDA** license in this state and who is not applying for licensure by examination may apply for licensure by endorsement by submitting a completed application, on a form provided by the department, together with the requisite fee.

(2) An applicant who is licensed or registered in another state is presumed to have met the requirements of section 16186 of the code, MCL 333.16186, if **he or she the applicant** meets **the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and** all of the following requirements:

(a) ~~Has graduated~~**Graduated** from a dental assistant educational program that meets the standards in R 338.11307 and provides the department with the original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Submits proof of successful completion of both a written and clinical examination, approved by the board under R 338.11239, with a score of not less than 75, on each section of both the written and clinical examinations.

(c) ~~Verifies his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license including the record of any disciplinary action taken or pending against the applicant.~~
Submits proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(d) ~~Has held~~**Holds** a license as a dental assistant **that is active and** in good standing in another state **30 days for at least 1 year** before filing an application in this state.

(e) **Discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.**

(f) **Satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.**

~~(3) A dental assistant who does not fulfill the requirements of subrule (2) of this rule is not eligible for licensure by endorsement in this state and shall comply with the provisions of R 338.11235.~~

An applicant who currently holds a license as a dental assistant in Canada but who has never been licensed as a dental assistant in this state may apply for a license by

endorsement and is presumed to meet the requirements of section 16186 of the code, MCL 333.16186, if ~~he or she~~ **the applicant** meets the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, the requirements of section 16174 of the code, MCL 333.16174, submits a completed application on a form provided by the department together with the requisite fee, and provides proof of all of the following:

(a) The applicant's Canadian license is active and in good standing for 1 year before filing an application in this state.

(b) The applicant has met all the requirements of 1 of the following licensure paths:

(i) The applicant has graduated from a dental assistant educational program in Canada with all training completed in Canada and meets all of the following requirements:

(A) The applicant has passed the National Dental Assistant Examining Board examination in Canada.

(B) The applicant has 2 or more years of dental assisting experience.

(C) The applicant has completed the Washtenaw Community College Alternative Dental Assistant Education Project pathway or a substantially similar pathway approved by the board.

(D) The applicant has completed the board written examination, approved by the board under R 338.11239, with a score of not less than 75.

(ii) The applicant graduated from a dental assistant educational program that complies with the standards in R 338.11307, and completed both a written and clinical examination, approved by the board under R 338.11239, with a score of not less than 75, on each section of both the written and clinical examination.

(c) The applicant discloses each license, registration, or certification in a health profession or specialty issued by another state, the United States military, the federal government, or another country on the application form.

(d) The applicant satisfies the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.

(e) The applicant submits proof of current certification in **BLS** or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.

(4) The board may deny an application for licensure by endorsement upon finding the existence of a board action in ~~any other~~ **another** state of the United States for a violation related to applicable provisions of section 16221 of the code, MCL 333.16221, or upon determining that the applicant does not fulfill the requirements of section 16186 of the code, MCL 333.16186.

R 338.11263 Relicensure requirements; dentists.

Rule 1263. (1) An applicant whose dentist license in this state has lapsed, under ~~the provisions of~~ section 16201(3) or (4) of the code, MCL 333.16201, as applicable, may be relicensed by complying with the following requirements:

For a dentist who has let his or her license in this state lapse:	Lapsed 0-3 years	Lapsed more than 3 years, but less than 5 years	Lapsed 5 or more years
(a) Submits Submit a completed application, on a form provided by the department, together with the requisite fee.	√	√	√
(b) Establishes Establish that he or she the applicant is of good moral character as that term is defined in, and determined under, sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Submits Submit fingerprints as required under section 16174(3) of the code, MCL 333.16174.		√	√
(d) Submits Submit proof of current certification in basic or advanced cardiac life support BLS or ACLS for health care healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the American Heart Association (AHA) , earned within the 2-year period before receiving the license.	√	√	√
(e) Submits Submit proof of having completed 60 hours of continuing education in courses and programs approved by the board as required under R 338.11701, all of which were earned within the 3-year period immediately preceding the application for licensure. If the continuing education hours submitted with the application are deficient, the applicant has 2 years from after the date of the application to complete the deficient hours. The department shall hold the application and shall not issue the license until the applicant has completed the continuing education requirements. The 60 hours of continuing education must include all of the following: (i) At least Not less than 3 hours in pain and symptom management. (ii) One hour in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, which may be completed in 1 or more courses. (iii) One hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention's CDC's infection control	√	√	√

guidelines.			
(f) Completed Complete a 1-time training in identifying victims of human trafficking that meets the standards in R 338.11271.	√	√	√
(g) Completed Complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.	√	√	√
(h) Meet the English language requirement under R 338.7002b and the implicit bias training required in R 338.7004.	√	√	√
(h)(i) A dentist who is subject to part 8 of these rules, R 338.11801 to R 338.11821, shall verify Verify with his or her the application for relicensure, that he or she the applicant complies with part 8 of these rules, R 338.11801 to R 338.11821, and specify the make of the each amalgam separator in his or her the dentist's office and the year that each separator was installed, if the applicant is subject to R 338.11801 to R 338.11821.	√	√	√
(i)(j) An applicant's license must be verified by the licensing agency of all other states of the United States in which he or she ever held a license as a dentist. Verification must include the record of any disciplinary action taken or pending against the applicant. An applicant who is or has ever been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country, shall do both of the following: (i) Disclose each license, registration, or certification on the application form. (ii) Satisfy the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.	√	√	√
(j)(k) If an applicant's license is has lapsed for more than 3 years but less than 5 years, he or she the applicant shall meet either of the following: (i) Within the 2-year period immediately preceding the application for relicensure, retakes Retake and passes pass the ADEX simulated clinical and written examination for dentists developed and scored by the CDCA-WREB- CITA or another testing agency with		√	

<p>a passing score of not less than 75, within the 2-year period immediately preceding the application for relicensure.</p> <p>(ii) ProvidesProvide the department documentation that he or shethe applicant holds or held a valid and unrestricted dentist’s license in another state in the United States or in Canada within 3 years immediately preceding the application for relicensure.</p>			
<p>(k)(l) If an applicant’s license ishas lapsed 5 or more years, he or shethe applicant shall provide the department with documentation that proves he or shethe applicant holds or held a valid and unrestricted dentist license in another state in the United States or Canada within the 3 years immediately preceding the application for relicensure and meets all of the requirements in subrules (a) to (i) of this rulesubdivisions (a) to (j) of this subrule or complies with all of the following:</p> <p>(i) Meets the requirements of section 16174 of the code, MCL 333.16174, and the administrative-rules.</p> <p>(ii) Provides proof of graduation from a dental educational program that meets the standards in R 338.11301 in which he or shethe applicant obtained a DDS or DMD degree.</p> <p>(iii) Provides proof of having ever passed all parts of the national board examination NBDE, or INBDE if the INBDE replaces the NBDE, conducted and scored by the JCNDE to qualify for the dental simulated clinical and written examination.</p> <p>(iv) Provides proof of having passed the ADEX dental simulated clinical and written examination conducted and scored by the CDCA-WREB-CITA or another regional agency within the 2-year period immediately preceding the application for relicensure.</p> <p>(v) Provides proof of having passed the ADEX dental clinical examination conducted and scored by the CDCA or another regional testing agency.</p>			√

(2) If relicensure is granted and it is determined that a sanction has been imposed by another state, the United States military, the federal government, or another country, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

R 338.11265 Relicensure requirements; dental therapists.

Rule 1265. (1) An applicant whose dental therapist license in this state has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201, as applicable, may be relicensed by complying with the following requirements:

For a dental therapist who has let his or her license in this state lapse:	Lapsed 0-3 years	Lapsed more than 3 years, but less than 5 years	Lapsed 5 or more years
(a) Submits Submit a completed application, on a form provided by the department, together with the requisite fee.	√	√	√
(b) Establishes Establish that he or she the applicant is of good moral character as that term is defined in, and determined under, sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Submits Submit fingerprints as required under section 16174(3) of the code, MCL 333.16174.		√	√
(d) Submits Submit proof of current certification in basic or advanced cardiac life support BLS or ACLS for health care healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.	√	√	√
(e) Submits Submit proof of having completed 35 hours of continuing education in courses and programs approved by the board as required under R 338.11701 338.11703 , all of which were earned within the 2-year period immediately preceding the application for licensure. If the continuing education hours submitted with the application are deficient, an applicant has 2 years from after the date of the application to complete the deficient hours. The department shall hold the application and shall not issue the license until the applicant has completed the continuing education requirements. The 35 hours of continuing education must include all of the following: (i) At least Not less than 2 hours in pain and symptom management. (ii) One hour in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, which may be completed in 1 or more courses. (iii) One hour in infection control, which must include sterilization of hand pieces, personal protective	√	√	√

equipment, and the Centers for Disease Control and Prevention's CDC's infection control guidelines.			
(f) Submits Submit proof of having completed a 1-time training in identifying victims of human trafficking that meets the standards in R 338.11271.	√	√	√
(g) Submits Submit proof of having completed a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.	√	√	√
(h) Meet the English language requirement under R 338.7002b and the implicit bias training required in R 338.7004.	√	√	√
(h)(i) An applicant's license must be verified by the licensing agency of all other states of the United States in which he or she ever held a license as a dental therapist. Verification must include the record of any disciplinary action taken or pending against the applicant. An applicant who is or has ever been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country, shall do both of the following: (i) Disclose each license, registration, or certification on the application form. (ii) Satisfy the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.	√	√	√
(j) If an applicant's license is has lapsed for more than 3 years but less than 5 years, he or she the applicant shall meet either of the following: (i) Within the 2-year period immediately preceding the application for relicensure, retakes Retake and passes pass a comprehensive, competency-based clinical examination approved by the department with a converted passing score of not less than 75, within the 2-year period immediately preceding the application for relicensure. (ii) Provides Provide the department documentation that he or she the applicant holds or held a valid and unrestricted dental therapist's license in another state in the United States within 3 years immediately		√	

preceding the application for relicensure.			
<p>(k) If an applicant's license is has lapsed for 5 years or more, he or she the applicant shall provide the department with documentation that proves he or she the applicant holds or held a valid and unrestricted dental therapist license in another state in the United States within the 3 years immediately preceding the application for relicensure and meets all of the requirements in subrules (a) to (h) of this rule subdivisions (a) to (i) of this subrule or complies with all of the following:</p> <p>(i) Meets the requirements of section 16174 of the code, MCL 333.16174, and the administrative rules.</p> <p>(ii) Provides proof of graduation from a dental therapy program that meets the standards in R 338.11302.</p> <p>(iii) Provides proof of having passed a comprehensive, competency-based dental therapy clinical examination as required in R 338.11213, within the 2-year period immediately preceding the application for relicensure.</p>			√

(2) If relicensure is granted and it is determined that a sanction has been imposed by another state, the United States military, the federal government, or another country, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

R 338.11267 Relicensure requirements; ~~registered dental hygienists~~ **RDHs**.

Rule 1267. **(1)** An applicant whose ~~registered dental hygienist~~ **RDH** license in this state has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201, as applicable, may be relicensed by complying with the following requirements:

For a registered dental hygienist RDH who has let his or her his license in this state lapse:	Lapsed 0-3 years	Lapsed more than 3 years, but less than 5 years	Lapsed 5 or more years
(a) Submits Submit a completed application, on a form provided by the department, together with the requisite fee.	√	√	√
(b) Establishes Establish that he or she the applicant is of good moral character as that term is defined in, and determined under, sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Submits Submit fingerprints as required under section 16174(3) of the code, MCL 333.16174.		√	√
(d) Submits Submit proof of current certification in basic or advanced cardiac life support BLS or ACLS for health care healthcare providers with a hands-on component from an agency or organization that	√	√	√

grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.			
<p>(e) SubmitsSubmit proof of having completed 36 hours of continuing education in courses and programs approved by the board as required under R 338.11704, all of which were earned within the 3-year period preceding the date of application for relicensure. If the continuing education hours submitted with the application are deficient, the applicant has 2 years fromafter the date of the application to complete the deficient hours. The department shall hold the application and shall not issue the license until the applicant has completed the continuing education requirements. The 36 hours of continuing education must include all of the following:</p> <p>(i) At least Not less than 2 hours in pain and symptom management.</p> <p>(ii) One hour in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, which may be completed in 1 or more courses.</p> <p>(iii) One hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention'sCDC's infection control guidelines.</p>	√	√	√
(f) Submits Submit proof of having completed a 1-time training in identifying victims of human trafficking that meets the standards in R 338.11271.	√	√	√
(g) Meet the English language requirement under R 338.7002b and the implicit bias training required in R 338.7004.	√	√	√
<p>(g) An applicant's license must be verified by the licensing agency of all other states of the United States in which he or she ever held a license as a dental hygienist. Verification must include the record of any disciplinary action taken or pending against the applicant.</p> <p>(h) An applicant who is or has ever been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country, shall do both of the following:</p> <p>(i) Disclose each license, registration, or</p>	√	√	√

<p>certification on the application form.</p> <p>(ii) Satisfy the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.</p>			
<p>(h)(i) If an applicant's license is lapsed for more than 3 years but less than 5 years, he or shethe applicant shall meet 1 of the following:</p> <p>(i) Provide proof of having passed the ADEX hygiene simulated clinical and written examination conducted and scored by the CDCA-WREB-CITA or another regional agency, within the 2-year period immediately preceding the application for relicensure.</p> <p>(ii) Provide the department documentation that the applicant holds or has held a valid and unrestricted license in another state or in Canada within 3 years immediately preceding the application for licensure.</p>		√	
<p>(i)(j) If an applicant's license ishas lapsed for 5 years or more, he or shethe applicant shall provide the department with documentation that proves he or shethe applicant holds or held a valid and unrestricted license in another state or in Canada within the 3 years immediately preceding the application for relicensure and meets all of the requirements in subrules (a) through (g) of this rulesubdivisions (a) to (h) of this subrule or complies with all of the following:</p> <p>(i) Meets the requirements of section 16174 of the code, MCL 333.16174, and the administrative rules.</p> <p>(ii) Provides proof of graduation from a dental hygiene educational program that meets the standards in R 338.11303.</p> <p>(iii) Provides proof of having ever passed all parts of the dental hygiene national board examination NBDHE conducted and scored by the JCNDE to qualify for the dental hygiene simulated clinical and written examination. This paragraph does not apply to an applicant who graduated from a dental hygiene program before 1962.</p> <p>(iv) Provides proof of having passed the ADEX hygiene simulated clinical and written examination conducted and scored by the CDCA-WREB-CITA or another regional testing agency, within the 2-year</p>			√

period immediately preceding the application for relicensure. (v) Provides proof of having passed the ADEX hygiene clinical examination conducted and scored by the CDCA or another regional testing agency.			
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(2) If relicensure is granted and it is determined that a sanction has been imposed by another state, the United States military, the federal government, or another country, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

R 338.11269 ~~RDA Relicensure~~ relicensure requirements; ~~registered dental assistants.~~

Rule 1269. (1) An applicant whose ~~registered dental assistant~~RDA license in this state has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201, as applicable, may be relicensed by complying with the following requirements:

For a registered dental assistant RDA who has let his or her license in this state lapse:	Lapsed 0-3 years	Lapsed more than 3 years, but less than 5 years	Lapsed 5 or more years
(a) Submits Submit a completed application, on a form provided by the department, together with the requisite fee.	√	√	√
(b) Establishes Establish that he or she the applicant is of good moral character as that term is defined in, and determined under, sections 1 to section 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Submits Submit fingerprints as required under section 16174(3) of the code, MCL 333.16174.		√	√
(d) Submits Submit proof of current certification in basic or advanced cardiac life support BLS or ACLS for health care healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before receiving the license.	√	√	√
(e) Submits Submit proof of having completed 36 hours of continuing education in courses and programs approved by the board as required under R 338.11704, all of which were earned within the 3-year period immediately preceding the date of the application for relicensure. If the continuing education hours submitted with the application are deficient, the applicant has 2 years from after the date of the application to complete the deficient hours. The department shall hold the application and shall not issue the license until the applicant has	√	√	√

<p>completed the continuing education requirements. The 36 hours of continuing education must include all of the following:</p> <p>(i) At leastNot less than 2 hours in pain and symptom management.</p> <p>(ii) One hour in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, which may be completed in 1 or more courses.</p> <p>(iii) One hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention'sCDC's infection control guidelines.</p>			
<p>(f) Completed a 1-time training in identifying victims of human trafficking that meets the standards in R 338.11271.</p>	√	√	√
<p>(g) Meet the English language requirement under R 338.7002b and the implicit bias training required in R 338.7004.</p>	√	√	√
<p>(g) An applicant's license must be verified by the licensing agency of all other states of the United States in which he or she ever held a license as a dental assistant. Verification must include the record of any disciplinary action taken or pending against the applicant.</p> <p>(h) An applicant who is or has ever been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country, shall do both of the following:</p> <p>(i) Disclose each license, registration, or certification on the application form.</p> <p>(ii) Satisfy the requirements of section 16174(2) of the code, MCL 333.16174, which includes verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force at the time of application.</p>	√	√	√
<p>(h)(i) If an applicant's license ishas lapsed for more than 3 years but less than 5 years, he or she the applicant shall meet either of the following:</p> <p>(i) Pass a board-approved written and clinical examination that meets the requirements of R 338.11239, within the 2-year period immediately preceding the application for relicensure.</p>		√	

<p>(ii) Provide the department documentation that he or she the applicant holds or held a valid and unrestricted license in another state or in Canada within the 3 years immediately preceding the application for relicensure.</p>			
<p>(i)(j) If an applicant’s license is has lapsed for 5 years or more, he or she the applicant shall provide the department with documentation that proves he or she the applicant holds or held a valid and unrestricted license in another state or in Canada within the 3 years immediately preceding the application for relicensure and meets all of the requirements in subrules (a) through (g) of this rule subdivisions (a) to (h) of this subrule or complies with all of the following: (i) Meets the requirements of section 16174 of the code, MCL 333.16174, and the administrative rules. (ii) Provides proof of graduation or certification from an educational program that meets the standards in R 338.11307. (iii) Provides proof of having passed a board-approved clinical examination that meets the requirements of R 338.11239. (iv) Provides proof of having passed a board-approved written examination that meets the requirements of R 338.11239, within the 2-year period immediately preceding the application for relicensure.</p>			<p>√</p>

(2) If relicensure is granted and it is determined that a sanction has been imposed by another state, the United States military, the federal government, or another country, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

PART 3. EDUCATION

R 338.11301 Approval of dental educational programs; accreditation standards; adoption by reference.

Rule 1301. (1) The board adopts by reference ~~in these rules~~ the standards of CODA of the ADA, as set forth in the following publications:

- (a) “Accreditation Standards for Dental Education Programs,” copyright ~~2019~~**2021**.
- (b) “Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery,” ~~copyright 2018~~**2021**.
- (c) “Accreditation Standards for Advanced Dental Education Programs in Endodontics,” ~~copyright 2019~~.

(d) “Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics,”; copyright ~~2018~~**2019**.

(e) “Accreditation Standards for Advanced Dental Education Programs in Prosthodontics,”; copyright ~~2018~~**2020**.

(f) “Accreditation Standards for Advanced Dental Education Programs in Periodontics,”; copyright ~~2018~~**2020**.

(g) “Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry,”; copyright ~~2018~~**2021**.

(h) “Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology,”; copyright ~~2018~~**2021**.

(i) “Accreditation Standards for Advanced Dental Education Programs in Oral Medicine,” copyright 2020.

(j) “Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain,” copyright 2020.

(k) “Accreditation Standards for Advanced Dental Education Programs in Dental Public Health,” copyright 2020.

(l) “Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology,” copyright 2020.

(m) “Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology,” copyright 2020.

(2) A dental educational program accredited by CODA, or a successor organization, is considered board approved. ~~CODA is the only accreditation accepted by the board.~~

(3) These standards may be obtained at no cost from CODA of the ADA, 211 East Chicago Avenue, Chicago, Illinois, 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available at 10 cents per page for inspection and distribution, from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

R 338.11302 Approval of dental therapy educational programs; accreditation standards; adoption by reference.

Rule 1302. (1) The board adopts by reference ~~in these rules~~ the standards of CODA of the ADA, as set forth in the publication titled “Accreditation Standards for Dental Therapy Education Programs,” effective February 6, 2015, copyright ~~2019~~**2021**.

(2) A dental therapy educational program that is accredited by CODA or a successor organization is considered board approved.

(3) For an applicant applying for a dental therapy license, upon application for licensure on a department form, the board shall review and may approve an applicant’s dental therapy education program if the program substantially conforms to the dental therapy education program CODA standards at the time of graduation of the dental therapy applicant.

(4) A dental therapy educational program must be taught at a postsecondary education institution that meets the standards in R 338.11302a.

(5) CODA standards may be obtained at no cost from CODA of the ADA, 211 East Chicago Avenue, Chicago, Illinois, 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and

distribution at 10 cents per page from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

R 338.11302a Higher education institutions; accreditation standards; adoption by reference.

Rule 1302a. (1) A higher education institution meets the requirements of R 338.11302(4) if it is accredited by the accrediting body of the region in which the institution is located, and the accrediting body meets either the recognition policy and procedures of the Council for Higher Education Accreditation (CHEA) or the recognition procedures and criteria of the United States Department of Education.

(2) The board adopts by reference the procedures and criteria for recognizing accrediting agencies of the United States Department of Education, 34 CFR part 602, ~~(2009)~~, and the CHEA Recognition of Accrediting Organizations Policy and Procedures, ~~September 24, 2018~~**copyright 2021**. Copies of the procedures and criteria of the United States Department of Education and the policy and procedures of CHEA are available for inspection and distribution at no cost from the website for the United States Department of Education at the Office of Postsecondary Education, <http://www.ed.gov/about/offices/list/OPE/index.html> and the CHEA website at ~~www.chea.org/revised-cha-recognition-policy-and-procedures-0~~ <http://www.chea.org>. Copies are also available for inspection and distribution at 10 cents per page from the Michigan Board of Dentistry, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

R 338.11303 Approval of dental hygiene educational programs; accreditation standards; adoption by reference.

Rule 1303. (1) The board adopts by reference the standards of CODA of the ADA, as set forth in the publication titled "Accreditation Standards for Dental Hygiene Education Programs," effective January 1, 2013, copyright ~~2018~~**2019**. A dental hygiene educational program accredited by CODA is considered board approved. CODA is the only accreditation accepted by the board.

(2) These standards may be obtained at no cost from CODA of the ADA, 211 East Chicago Avenue, Chicago, Illinois, 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution; at 10 cents per page from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

R 338.11307 Approval of dental assisting schools educational programs; standards; adoption by reference.

Rule 1307. (1) The board adopts by reference the standards of CODA of the ADA, as set forth in the publication titled "Accreditation Standards for Dental Assisting Education Programs," copyright ~~2019~~**2021**. A dental education program accredited by CODA is approved by the board. CODA is the only accreditation accepted by the board.

(2) These standards may be obtained at no cost from CODA of the ADA, 211 East Chicago Avenue, Chicago, Illinois, 60611-2678 or at no cost from the association's

website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution, at 10 cents per page from the Board of Dentistry, Bureau of Professional Licensing, Michigan Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

~~PART 4A. DELEGATION, SUPERVISION, ASSIGNMENT OF DENTAL ASSISTANTSUDAs, REGISTERED DENTAL ASSISTANTSRDAs, AND REGISTERED DENTAL HYGIENISTSRDHs~~

R 338.11401 Definitions.

Rule 1401. As used in this part:

(a) "Assignment" means a dentist designates a patient of record upon whom services are to be performed and describes the procedures to be performed. Unless assignment is designated in these rules under general or direct supervision, the dentist need not be physically present in the office ~~at the time~~ **when** the procedures are being performed.

(b) "Delegation" means an authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession.

(c) "Direct supervision" means that a dentist complies with all of the following:

(i) Designates a patient of record upon whom the procedures are to be performed and describes the procedures to be performed.

(ii) Examines the patient before prescribing the procedures to be performed and upon completion of the procedures.

(iii) Is physically present in the office ~~at the time~~ **when** the procedures are being performed.

(d) "General supervision" means that a dentist complies with both of the following:

(i) Designates a patient of record upon whom services are to be performed.

(ii) Is physically present in the office ~~at the time~~ **when** the procedures are being performed.

(e) "Patient of record" means a patient who has been examined, **evaluated**, and diagnosed **with a resulting treatment plan** by a dentist, **or dental therapist to the extent authorized by the supervising dentist, in-person at least once every 24 months.** ~~and whose treatment has been planned by a dentist or a patient who has been examined, evaluated, assessed, and treatment planned by a dental therapist to the extent authorized by the supervising dentist.~~ A patient of record includes a patient getting radiographic images by allied dental personnel with training pursuant to R 338.11411(a) after receiving approval from the assigning dentist or dental therapist.

R 338.11411 Delegated and assigned dental procedures for allied dental personnel.

Rule. 1411. **(1) Before a dentist may delegate a function to a UDA unregistered dental auxiliary the UDA unregistered dental auxiliary shall meet both of the following:**

(a) Submit proof of current certification in **BLS** or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards equivalent to those established by the AHA, earned within the 2-year period before **receiving the license delegation or assignment.**

(b) Submit proof of attending training of at least 1 hour in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines.

(2) Before a dentist delegates functions to a UDA the dentist shall provide to the UDA a copy of the delegation and assigned duties in Table 1 and shall explain the levels of supervision.

(23) Except for the functions a dentist may delegate to a dental therapist, A dentist or dental therapist may only assign or delegate procedures to an unlicensed or licensed individual, including a ~~unlicensed dental assistant~~UDA, ~~registered dental assistant~~RDA, or ~~registered dental hygienist~~RDH under the provisions of section 16611 of the code, MCL 333.16611, **and as provided in Table 1:.**

(3) Table 1 - Delegated and Assigned Dental Procedures for Allied Dental Personnel

	UDA	RDA	RDH	Procedure
(a)	GA	A	A	Operating of dental radiographic equipment. A DA A UDA shall have successfully completed complete a course in dental radiography that is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11302, R 338.11303, or R 338.11307. A dentist may delegate necessary radiographs for a new patient to an UDA , RDA or RDH.
(b)	G	A	A	Instructing in the use and care of dental appliances.
(c)	G	A	A	Taking impressions or digital scans for study and opposing models and matrices for temporary crowns and bridges.
(d)	G	A	A	Applying nonprescription topical anesthetic solution.
(e)	G	A	A	Trial sizing of orthodontic bands.
(f)	D	A	A	Placing, removing, and replacing orthodontic elastic or wire separators, arch wires, elastics, and ligatures.
(g)	D	A	A	Dispensing orthodontic aligners.
(h)	D	D	A	Removing orthodontic bands, brackets, and adhesives with non-tissue-cutting hand hand instruments only. Use of high-speed rotary instruments is not in the scope of practice of a UDA, RDA, or RDH.
(i)	D**	A	A	Polishing specific assigned teeth with a slow-speed rotary hand piece immediately before a-an procedure that requires acid etch procedure etching before placement of sealants, resin-bonded orthodontic appliances, and direct restorations. an
(j)	D**	G*	G*	Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners.
(k)	D**	D	D	Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners.
(l)		A	A	Removing excess temporary cement from supragingival surfaces of a tooth with a non-tissue cutting instrument hand instruments only.
(m)			A	Removing orthodontic or other cements from supragingival or subgingival surfaces with hand instruments or powered scaling instruments.

(mn)	D**	A	A	Providing nutritional counseling for oral health and maintenance.
(no)	A	A	A	Applying Providing commonly accepted medical emergency procedures.
(op)	D**	A	A	Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion.
(p)		—A	—A	Preliminary examination including classifying occlusion.
(q)		A	A	Placing and removing dental dam.
(r)	D**	A	A	Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications. UDAs may not place sealants.
(s)		A	A	Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following a procedure for occlusal adjustment.
(t)		A		Fabricating temporary restorations, and temporary crowns, and temporary bridges.
(u)		A	A	Placing and removing a nonmetallic temporary or sedative restoration with non-tissue cutting instrument instruments.
(v)	D**	A	A	Sizing Temporarily cementing and removing of temporary crowns and bands.
(w)		—A	—A	Temporarily cementing and removing temporary crowns and bands.
(xw)		G*	A	Preliminary examination including performing pulp vitality testing.
(yx)		G*	A	Applying desensitizing agents.
(zy)	D**	G*	A	Taking impressions for intraoral appliances including bite registrations.
(aa z)		G*		Placing and removing matrices and wedges.
(ba a)		G*		Applying cavity liners and bases.
(eb b)		G*		Drying endodontic canals with absorbent paper points.
(dc c)		G*		Placing and removing nonepinephrine retraction cords or materials.
(ee)		—A	—A	Placing and removing post extraction and periodontal dressings.
(fd d)		D	A	Removing sutures.
(ge e)		D	A	Applying and dispensing in-office bleaching products.

(h ff)	G	G	Prior to Before cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations. After cementation, removing excess cement from around restorations.
(i gg)	D***		Placing, condensing, and carving amalgam restorations.
(j hh)	D***		Placing Class I resin bonded restorations, occlusal adjustment, finishing and polishing with non-tissue cutting slow-speed rotary hand pieces.
(k kii)	D***		Taking final impressions for direct and indirect restorations and prosthesis including bite registration, intra-oral imaging, and in-office fabrication of restorations.
(Hjj)	D	D	Assisting and monitoring the administration of nitrous oxide analgesia by a dentist or the RDH. A dentist shall assign these procedures only if the RDA or RDH has successfully completed an approved course that meets the requirements of section 16611(7) of the code, MCL 333.16611, with a minimum of 5 hours of didactic instruction. The levels must be preset by the dentist or RDH and must not be adjusted by the RDA except in case of an emergency, in which case the RDA may turn off the nitrous oxide and administer 100% oxygen. As used in this subdivision, “assisting” means setting up equipment and placing the face mask. Assisting does not include titrating and turning the equipment on or off, except in the case of an emergency in which circumstances the RDA may turn off the nitrous oxide and administer 100% oxygen.
(m kk kk)		A	Removing accretions and stains from the surfaces of the teeth and applying topical agents essential to complete prophylaxis.
(n all)		A	Root planing, debridement, deep scaling, and removal of calcareous deposits.
(o mm m)		A	Polishing and contouring restorations.
(p nn n)		A	Charting of the oral cavity, including all the following: periodontal charting, intra oral and extra oral examining of the soft tissue, charting of radiolucencies or radiopacities, existing restorations, and missing teeth.
(q oo o)		A	Applying topical anesthetic agents by prescription of the dentist.
(r r)	-A	-A	Placing and removing surgical temporary sedative dressings.
(ssp)		A	Removing excess cement from tooth surfaces.

p)				
(#qq)			A	Placing subgingival medicaments.
(#rr r)			A	Micro abrasion of tooth surfaces to remove defects, pitting, or deep staining.
(vss)			D	Performing soft tissue curettage with or without a dental laser.
(wwt t)	D	G	G	Taking digital scans for final restorations or intra-oral appliances.
(xu u)			D****	Administering intra oral block and infiltration anesthesia, or no more than 50% nitrous oxide analgesia, or both, to a patient who is 18 years of age or older if the RDH has met all of the following requirements: (i) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of local anesthesia, with a minimum of 15 hours didactic instruction and 14 hours clinical experience. (ii) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months of after completion of the approved course in paragraph (i) of this subdivision. (iii) Successfully completed an approved course that meets the requirements in section 16611(4) of the code, MCL 333.16611, in the administration of nitrous oxide analgesia, with a minimum of 4 hours didactic instruction and 4 hours clinical experience. (iv) Successfully completed a state or regional board administered written examination in nitrous oxide analgesia, within 18 months of after completion of the approved course in paragraph (iii) of this subdivision. (v) Maintains and provides evidence of current certification in basic or advanced cardiac life support BLS or ACLS that meets the standards contained in R 338.11705.

(4) As used in subrule (3) of this rule:

- (a) “A” = ~~Assignment~~, means **assignment**, as **that term is** defined in R 338.11401.
(b) “D” means **direct supervision**, as **that term is defined in R 338.11401**.
(c) “G” means = ~~General~~ **general supervision**, as **that term is** defined in R 338.11401.
~~D = Direct supervision, as defined in R 338.11401.~~

~~UDA = Dental assistant.~~

~~RDA = Registered dental assistant as defined in R 338.11101.~~

* A dentist shall assign these procedures to ~~ana~~ **UDA, RDA,** and RDH only if the **RDAallied dental personnel** has successfully completed an approved course that meets the requirements in section 16611(12) and (13) of the code, MCL 333.16611, and contains a minimum of 10 hours of didactic and clinical instruction.

**** A dentist shall delegate these procedures to a UDA only if the UDA has successfully completed an in-person or virtual training with performance evaluations on the following functions:**

- **Polishing assigned teeth with a slow-speed rotary hand piece immediately before an acid etch procedure.**
- **Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners.**
- **Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners.**
- **Providing nutritional counseling for oral health and maintenance.**
- **Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion.**
- **Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.**
- **Temporarily cementing and removing temporary crowns and bands.**
- **Taking impressions for intraoral appliances including bite registrations.**

******* A dentist shall assign these procedures to ~~ana~~ **RDA** only if the RDA has successfully completed an approved course that meets the requirements in section 16611(11) of the code, MCL 333.16611, and contains a minimum of 20 hours of didactic instruction followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a ~~criteria~~ **based criterion-based** assessment instrument.

~~RDH = Registered dental hygienist as defined in R 338.11101.~~

******* The department fee for certification of completion of the requirements is \$10.

PART 4B. SUPERVISION OF DENTAL THERAPISTS

R 338.11417 Practice agreement; care or services.

Rule 1417. (1) A dental therapist may practice only under the supervision of a dentist licensed and practicing in this state through a written practice agreement that is signed by the dental therapist and dentist licensed and practicing in this state and that meets all the requirements in section 16655 of the code, MCL 333.16655.

(2) A dentist may supervise no more than 4 dental therapists ~~pursuant to~~ **under** section 16655(5) of the code, MCL 333.16655.

(3) A dental therapist may supervise no more than 3 ~~dental assistants~~ **UDAs** or ~~registered dental assistants~~ **RDAs** and 2 ~~registered dental hygienists~~ **RDHs** in any 1 health setting as allowed in a written practice agreement. The practice agreement must define the type of supervision required by the dental therapist.

(4) A dentist may not authorize a dental therapist to do either of the following:

- (a) Prescribe controlled substances.
- (b) Administer phentolamine mesylate.

(5) A dentist may authorize a dental therapist to provide care or services described in ~~sections~~ **section** 16656(1)(a) to (w) of the code, MCL 333.16656.

(6) A dental therapist may perform other services and functions agreed to by the supervising dentist for which the dental therapist is trained that are ancillary to those care and services described in ~~sections~~ **section** 16656(1)(a) to (w) of the code, MCL 333.16656.

(7) Subject to section 16657 of the code, MCL 333.16657, and the dental therapist's written practice agreement, if the patient requires treatment that exceeds the dental therapist's capabilities or the scope of practice as a dental therapist, the dentist or dental therapist shall refer the patient to an appropriate provider within a reasonable distance.

(8) Subject to ~~section~~ **sections** 16655 and 16656(2) of the code, MCL 333.16655 and 333.16656, and the dental therapist's written practice agreement, a dental therapist's authority to delegate to allied dental personnel may not exceed a dentist's authority to delegate to allied dental personnel under R 338.11411.

PART 5. SPECIALTIES

R 338.11501 Specialties; recognition by the board.

Rule 1501. (1) The department on behalf of the board may issue a health profession specialty license in all of the following branches of dentistry as specialties:

- (a) **Endodontics.** ~~Oral and maxillofacial surgery.~~
- (b) **Oral and maxillofacial surgery.** ~~Orthodontics and dentofacial orthopedics.~~
- (c) **Oral and maxillofacial pathology.** ~~Prosthodontics.~~
- (d) **Orthodontics and dentofacial orthopedics.** ~~Periodontics.~~
- (e) Pediatric dentistry.
- (f) **Periodontics.** ~~Endodontics.~~
- (g) **Prosthodontics.** ~~Oral pathology or oral and maxillofacial pathology.~~

(2) In addition to the specialties listed in subrule (1) of this rule, the department may issue a health profession specialty license in the following branches of dentistry:

- (a) Dental anesthesiology.**
- (b) Dental public health.**
- (c) Oral and maxillofacial radiology.**
- (d) Oral Medicine**
- (e) Orofacial pain.**

~~(2)~~**(3) Each branch of a dental specialty that is licensed by the board is defined in these rules, and by the standards set forth by CODA under R 338.11301.**

(4) An applicant who currently holds a license as a dental specialist in endodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, orthodontics and dentofacial orthopedics, periodontics, prosthodontics, dental public health, or oral and maxillofacial radiology from a province in Canada may apply for a license if ~~he or she~~ the applicant submits a completed application, on a form provided by the department, together with the requisite fee, and provides proof of all of the following:

(a) Meet the requirements of the code, R 338.7001 to R 338.7005, any other rules promulgated under the code, and the requirements of section 16174, of the code, MCL 333.16174.

(b) Hold a current license to practice dentistry in this state.

(c) Hold at least a master's degree in a specialty listed in subrule (4) of this rule, that is recognized in Canada, from a dental institution that is recognized through an accreditation process approved ~~accredited~~ by the NDEB or CDAC, with all training completed in Canada.

~~**(d) Have graduated from a specialty program recognized by the CDAC with all training completed in Canada.**~~

(d) Have passed the National Dental Specialty Examination (NDSE) and have NDSE certification.

R 338.11502 Dental anesthesiology explained; licensure requirements; examination content.

Rule 1502. (1) The practice of dental anesthesiology includes managing pain, anxiety, and overall patient health during dental, oral, maxillofacial, and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety as well as access to care for all dental patients, including the very young and patients with special healthcare needs.

(2) An applicant for licensure shall hold a current license to practice dentistry in this state and satisfy all the requirements of either subdivision (a) or (b) of this subrule:

(a) Meet both of the following:

(i) Have graduated from a CODA-approved program of dental anesthesiology approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements.

(ii) Provide the department with evidence of the successful passing of the American Board of Dental Anesthesiology (ADBA) written exam. The passing score accepted for licensure is the passing score established by the ADBA.

(b) Meet both of the following:

(i) Have completed a hospital-based anesthesia residence program in the United States before 1985 that was accredited by the Accreditation Council for Graduate Medical Education.

(ii) Petition the board for a review of credentials, which must be substantially equivalent to the current CODA standards.

R 338.11504 Dental public health explained; licensure requirements; examination content.

Rule 1504. (1) The practice of dental public health includes preventing and controlling dental diseases and promoting dental health through organized community efforts. It is the form of dental practice that serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. Implicit in this definition is the requirement that the specialist have broad knowledge and skills in public health administration, research methodology, the prevention and control of oral diseases, and the delivery and financing of oral healthcare.

(2) An applicant for licensure shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a CODA-approved program of dental public health approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements.

(c) Provide the department with evidence of the successful passing of the American Board of Dental Public Health (ABDPH) written exam. The passing score accepted for licensure is the passing score established by the ABDPH.

R 338.11506 Oral and maxillofacial radiology explained; licensure requirements; examination content.

Rule 1506. (1) The practice of oral and maxillofacial radiology includes the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders, and conditions of the oral and maxillofacial region.

(2) An applicant for licensure shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a CODA-approved program of oral and maxillofacial radiology approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements.

(c) Meet 1 of the following:

(i) Provide the department with evidence of the successful passing of the American Board of Oral and Maxillofacial Radiology (ABOMR) written exam. The passing score accepted for licensure is the passing score established by the ABOMR.

(ii) Petition the board for a review of credentials.

R 338.11508 Oral Medicine explained; licensure requirements; examination

content.

Rule 1508. (1) The practice of oral medicine includes the oral healthcare of medically complex patients and for the diagnosis and management of medically related diseases, disorders, and conditions affecting the oral and maxillofacial region.

(2) An applicant for licensure shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a CODA-approved program of oral medicine approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements.

(c) Meet 1 of the following:

(i) Provide the department with evidence of the successful passing of the American Board of Oral Medicine (AAOM) written exam. The passing score accepted for licensure is the passing score established by the AAOM.

(ii) Petition the board for a review of credentials.

R 338.11510 Orofacial pain explained; licensure requirements; examination content.

Rule 1510. (1) The practice of orofacial pain includes the diagnosis, management, and treatment of pain disorders of the jaw, mouth, face, head, and neck. The specialty of orofacial pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

(2) An applicant for licensure shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a CODA-approved program of orofacial pain approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements.

(c) Meet 1 of the following:

(i) Provide the department with evidence of the successful passing of the American Board of Orofacial Pain (AAOP) written exam. The passing score accepted for licensure is the passing score established by the AAOP.

(ii) Petition the board for a review of credentials.

R 338.11512 Oral and maxillofacial pathology explained; licensure requirements.

Rule 1512. (1) The practice of oral and maxillofacial pathology deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The term "oral and maxillofacial pathology" means the same as the term "oral pathology."

(2) The specialty of oral and maxillofacial pathology includes, but is not limited to, the research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(3) An applicant for licensure as an oral and maxillofacial pathologist shall meet all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) ~~Have graduated from a program of oral and maxillofacial pathology approved by the board under R 338.11301.~~ **Have graduated from a CODA-approved program of oral and maxillofacial pathology approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements.**

(c) Provide verification of a passing score on the specialty certification examination ~~that is conducted and scored by the American Board of Oral and Maxillofacial Pathology.~~

R 338.11513 Oral and maxillofacial surgery explained; licensure requirements; examination content.

Rule 1513. (1) The practice of oral and maxillofacial surgery includes the diagnosis, surgical, and adjunctive treatment of diseases, injuries, and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(2) The specialty of oral and maxillofacial surgery includes, but is not limited to, the care, treatment, and procedures associated with an office and hospital-based practice under R 338.11301.

(3) A dentist who applies for licensure as an oral and maxillofacial surgeon shall comply with **allboth** of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) ~~Have completed a residency in oral and maxillofacial surgery approved by the board under R 338.11301~~ **Have graduated from a CODA-approved program of oral and maxillofacial surgery approved by the board under R 338.11301 and submit a certification form from the program or hospital of completion of all requirements. The board accepts the examinations and evaluative processes required to successfully complete a CODA-accredited oral and maxillofacial residency program as meeting the requirements of section 16608 of the code, MCL 333.16608.**

(c) ~~Satisfy either of the following:~~

(i) ~~Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.~~

(ii) ~~Provide evidence of diplomate status with the American Board of Oral and Maxillofacial Surgery (ABOMS) through completion of the ABOMS specialty examinations.~~

R 338.11515 Orthodontics and dentofacial orthopedics explained; licensure requirements; examination content.

Rule 1515. (1) The practice of orthodontics includes the diagnosis, prevention, interception, and correction of malocclusion, as well as the neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. The term "orthodontics and dentofacial orthopedics" means the same as the term "orthodontics."

(2) The specialty of orthodontics includes, but is not limited to, all of the following:

(a) The diagnosis, prevention, interception, and comprehensive treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures.

(b) The design, application, and control of functional and corrective appliances.

(c) The growth guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(3) A dentist who desires licensure as an orthodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a **CODA-approved** program of orthodontics approved by the board under R 338.11301 **and submit a certification form from the program or hospital of completion of all requirements.**

(c) Provide the department with evidence of the successful passing of the American Board of Orthodontics (ABO) written exam. The passing score accepted for licensure is the passing score established by the ABO.

~~(d) Satisfy either of the following:~~

~~(i) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.~~

~~(ii) Provide evidence of diplomate status with the ABO through completion of the ABO specialty examinations.~~

R 338.11517 Prosthodontics explained; licensure requirements; examination content.

Rule 1517. (1) The practice of prosthodontics includes the diagnosis, treatment planning, rehabilitation, and maintenance of the oral function, comfort, appearance, and health of patients with clinical conditions associated with missing or deficient teeth or oral and maxillofacial tissues, or both, using biocompatible substitutes.

(2) The specialty of prosthodontics includes, but is not limited to, the restoration and maintenance of oral function, comfort, appearance, and health of the patient by the restoration of natural teeth and the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(3) A dentist who applies for licensure as a prosthodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a **CODA-approved** program of prosthodontics approved by the board under R 338.11301 **and submit a certification form from the program or hospital of completion of all requirements.**

(c) Provide verification of a passing score on the written portion of the **American College of Prosthodontics (ACP) specialty certification** examination that is conducted and scored by the ~~ACP~~**American Board of Prosthodontics (ABP).**

~~(d) Satisfy either of the following:~~

~~(i) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.~~

~~(ii) Provide evidence of diplomate status with the ABP through completion of the ABP specialty examinations.~~

R 338.11519 Periodontics explained; licensure requirements; examination content.

Rule 1519. (1) The practice of periodontics includes the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function, and esthetics of these structures and tissues.

(2) A dentist who desires licensure as a periodontist shall comply with both of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a **CODA-approved** program of periodontics approved by the board under R 338.1130 **and submit a certification form from the program or hospital of completion of all requirements. The board accepts the examinations and evaluative processes required to successfully complete a CODA-accredited oral and maxillofacial residency program as meeting the requirements of section 16608 of the code, MCL 333.16608.**

(c) Satisfy either of the following:

~~(i) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.~~

~~(ii) Provide evidence of diplomate status with the American Board of Periodontology through completion of the American Board of Periodontology specialty examinations.~~

R 338.11521 Pediatric dentistry explained; licensure requirements; examination content.

Rule 1521. (1) The practice of pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(2) A dentist who desires licensure as a pediatric dentist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a **CODA-approved** program of pediatric dentistry approved by the board under R 338.11301 **and submit a certification form from the program or hospital of completion of all requirements.**

(c) Provide verification of a passing score on **both the American Board of Pediatric Dentistry (ABPD) qualifying examination and oral clinical examination** ~~the written examination used for specialty certification~~ that is conducted and scored by the American Board of Pediatric Dentistry (ABPD.) ~~or provide documentation of diplomate status with the ABPD.~~

~~(d) Satisfy either of the following:~~

~~(i) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.~~

~~(ii) Provide evidence of diplomate status with ABPD through completion of the ABPD specialty examinations.~~

R 338.11523 Endodontics explained; licensure requirements; examination content.

Rule 1523. (1) The practice of endodontics includes the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study encompasses related basic and clinical sciences, including the biology of the normal pulp and the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(2) A dentist who applies for licensure as an endodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a **CODA-approved** program of endodontics approved by the board under R 338.11301 **and submit a certification form from the program or hospital of completion of all requirements.**

(c) Provide documentation to the department evidencing the successful passing of the American Board of Endodontists (ABE) written examination. The passing score accepted for licensure is the passing score established by the ABE.

(d) ~~Satisfy either of the following:~~

~~—(i) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.~~

~~—(ii) Provide evidence of diplomate status with the ABE through completion of the ABE specialty examinations.~~

R 338.11527 Dental license suspension or revocation; automatic suspension or revocation of specialty licensure; **American board discipline.**

Rule 1527. (1) The suspension or revocation of the dental license of a dentist automatically causes the suspension or revocation of a specialty license issued to that dentist under the code and these rules.

(2) A licensee who holds a dental specialty license shall notify the department of any action that results in a suspension or revocation of a certification by an American board of dentistry within 30 days after the date of the suspension or revocation.

~~PART 6A. GENERAL ANESTHESIA AND INTRAVENOUS CONSCIOUS SEDATION AND ENTERAL SEDATION~~

R 338.11601 General anesthesia, **deep sedation; requirements** ~~conditions; violation.~~

Rule 1601. (1) A **general** dentist **who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery,** shall not administer general anesthesia or deep sedation to a dental patient ~~or collaboratively provide treatment with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office~~ delegate and supervise the performance of any act, task, or function involved ~~in the administration of general anesthesia or deep sedation to a dental patient,~~ unless all **the dentist complies with** ~~of~~ the following ~~conditions~~ **requirements** are satisfied:

(a) The dentist has **demonstrated competency by completed meeting all the following requirements:**

(i) **Completing** a minimum of 1 year of advanced training in general anesthesia and pain control in a program that meets the standards adopted in R 338.11603(1). A program that is accredited by CODA as meeting the accreditation standards for advanced dental education programs in anesthesiology **or oral and maxillofacial surgery** meets the requirements of this subdivision.

(ii) **Completing a course in managing medical emergencies that includes all of the following:**

(A) **Current monitoring guidelines for adults from the ADA or the American ASA, or the AAOMS for oral and maxillofacial surgeons, and for children from the ASA, or AAOMS for oral and maxillofacial surgeons, the AAP, and the AAPD.**

(B) **Equipment and material used in an anesthesia or sedation emergency.**

(C) **The personnel needed for anesthesia or sedation.**

(D) **The drugs needed for resuscitation in an emergency.**

(iii) **Maintaining certification** ~~(b) The dentist and the delegatee, if any, maintain current certification~~ in basic **BLS** and advanced cardiac life support **ACLS** for ~~health care~~ **healthcare** providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2). A certification in ~~basic and advanced cardiac life~~ **BLS** and **ACLS** for ~~health care~~ **healthcare** providers with a hands-on component from AHA or **BLS for the healthcare provider and PALS with a hands-on component from AHA** meets the requirements of this subdivision.

(b) **If general anesthesia or deep sedation is performed in a dental office, any allied dental personnel and dental therapists who are directly involved in the procedure shall complete a course in managing medical emergencies that includes all of the following:**

(i) **Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons, and for children from the ASA, the AAP, and the AAPD or AAOMS for oral and maxillofacial surgeons.**

(ii) **Equipment and materials used in an anesthesia or sedation emergency.**

(iii) **The personnel needed for anesthesia or sedation.**

(iv) **The drugs needed for resuscitation in an emergency.**

(2) **A general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery, shall not collaboratively provide general anesthesia or deep sedation with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office, unless the dentist, and allied dental personnel and dental therapists who are directly involved in the procedure, maintain certification in BLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2). A certification in BLS for healthcare providers with a**

hands-on component from AHA or BLS for the healthcare provider and PALS with a hands-on component from AHA meets the requirements of this subdivision.

(3) At no time is a RDA or RDH allowed to adjust medication levels during a procedure, other than nitrous oxide and oxygen, as allowed in R 338.11411(2).

~~(c) The facility in which the anesthesia is administered meets the equipment standards adopted in R 338.11603(3).~~

~~—(d) The dentist shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises until the patient is capable of being discharged.~~

~~(2) A dentist who does not meet the requirements of subrule (1) of this rule shall not offer general anesthesia services for dental patients unless all of the following conditions are met:~~

~~—(a) General anesthesia services are directly provided through association with, and by, either of the following individuals:~~

~~—(i) A physician who is licensed under the provisions of part 170 or 175 of the code, MCL 333.17001 to 333.17097, and 333.17501 to 333.17556, and who is a member in good standing on the anesthesiology staff of a hospital accredited by the Joint Commission.~~

~~—(ii) A dentist who meets the requirements of subrule (1)(a) and (b) of this rule.~~

~~—(b) A person who administers anesthesia, under the provisions of subdivision (a) of this subrule, shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises where the general anesthesia is administered until the patient anesthetized is capable of being discharged.~~

~~—(c) The provisions of subrule (1)(b) and (c) of this rule must be complied with.~~

~~—(3) A dentist is in violation of section 16221(l)(h) of the code, MCL 333.16221, if he or she fails to comply with subrules (1) and (2) of this rule.~~

R 338.11602 ~~Intravenous conscious~~ **Moderate or minimal sedation; conditions; violations requirements.**

Rule 1602. (1) A **general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery,** shall not administer ~~intravenous conscious moderate or minimal sedation to a dental patient~~ **or collaboratively provide treatment with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office** delegate and supervise the performance of any act or function involved **in the administration of intravenous conscious moderate or minimal sedation to a dental patient** unless ~~†~~ **all** of the following **requirements are** is satisfied:

(a) ~~The dentist complies with R 338.11601(1) or (2).~~ **has demonstrated competency by completed meeting all of the following requirements:**

~~—(b) The dentist complies with all of the following provisions:~~

~~(i) The dentist has completed a minimum of 60 hours of training in intravenous conscious sedation and related academic subjects, including a minimum of 40 hours of supervised clinical instruction in which the dentist has sedated not less than 20 cases in a course that complies with the standards adopted in R 338.11603(1). A program that is~~

accredited by CODA as meeting the accreditation standards for advanced dental education programs meets the standards in R 338.11603(1).

(i) **Completing either of the following:**

(A) **A comprehensive training program in moderate sedation that satisfies the requirements described in the moderate sedation section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students when the training was commenced, which must include 60 hours of classroom training and hands-on interaction in moderate sedation with 20 patients.**

(B) **An advanced education program accredited by CODA that provides comprehensive training to administer moderate sedation.**

(ii) **Maintaining** ~~The dentist and the delegatee, if any, maintains current certification in basic~~ **BLS** ~~or and advanced cardiac life support~~ **ACLS** ~~for health care~~**healthcare** providers with a hands-on component from an agency or organization that grants certification under standards substantially equivalent to the standards adopted in R 338.11603(2). ~~A certification in basic and advanced cardiac life support~~ **BLS** **and ACLS** ~~for health care~~**healthcare** providers with a hands-on component from **AHA or basic life support for the healthcare provider and PALS with a hands-on component from AHA** meets the requirements of this paragraph.

(iii) ~~The facility in which the anesthesia is administered complies with the equipment standards adopted in R 338.11603(3).~~ **Completing a course in managing medical emergencies that includes all of the following:**

(A) **Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons, and for children from the ASA, the AAP, and the AAPD, or AAOMS for oral and maxillofacial surgeons.**

(B) **Equipment used in an anesthesia or sedation emergency.**

(C) **The personnel needed for anesthesia or sedation.**

(D) **The drugs needed for resuscitation in an emergency.**

~~(2) A dentist is in violation of section 16221(1)(h) of the code, MCL 333.16221, if he or she fails to comply with subrule (1) of this rule.~~

(b) **If moderate sedation is performed in a dental office, any allied dental personnel and dental therapists that are directly involved in the procedure shall complete a course in managing medical emergencies that includes all of the following:**

(i) **Current monitoring guidelines for adults from the ADA or the ASA, or AAOMS for oral and maxillofacial surgeons, and for children from the ASA, the AAP, and the AAPD, or AAOMS for oral and maxillofacial surgeons.**

(ii) **Equipment and materials used in an anesthesia or sedation emergency.**

(iii) **The personnel needed for anesthesia or sedation.**

(iv) **The drugs needed for resuscitation in an emergency.**

(2) **A general dentist who does not hold a specialty license in dental anesthesiology or oral and maxillofacial surgery, shall not collaboratively provide general anesthesia or deep sedation with a physician anesthesiologist, another dentist, or nurse anesthetist, under section 17210 of the code, MCL 333.17210, in a dental office, unless the dentist, and allied dental personnel and dental therapists who are directly involved in the procedure, maintain certification in BLS for healthcare providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards**

adopted in R 338.11603(2). A certification in BLS for healthcare providers with a hands-on component from AHA or BLS for the healthcare provider and PALS with a hands-on component from AHA meets the requirements of this subdivision.

(3) At no time is a RDA or RDH allowed to adjust medication levels during a procedure, other than nitrous oxide and oxygen, as allowed in R 338.11411(2).

R 338.11603 Adoption of standards; effect of certification of programs.

Rule 1603. (1) The board adopts by reference the CODA standards for anesthesiology educational programs in the publication titled "Accreditation Standards for Advanced Dental Education Programs in Anesthesiology," copyright ~~2018~~**2020**, and the standards for advanced training in anesthesia and pain control and training in intravenous conscious sedation and related subjects set forth by the ADA's publication titled "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," October 2016 edition. The guidelines may be obtained at no cost from the American Dental Association, 211 E. Chicago Avenue, Chicago, Illinois, 60611, or at no cost on the association's website at <http://www.ada.org>. A copy of the standards is available for inspection and distribution, at 10 cents per page from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

(2) The board adopts by reference the standards for credentialing in ~~basic and advanced life support~~**BLS and ACLS** for ~~health care~~**healthcare** providers with a hands-on component set forth by the AHA in the standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers, published in "~~2015~~**2020** American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care." (Volume 132, Issue 18 Supplement 2, November 3, 2015) ~~and updates in 2017, and 2018.~~ A copy of the Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care may be obtained at an approximate cost of ~~\$28.00~~**\$25.00** from the American Heart Association, 7272 Greenville Avenue, Dallas, Texas, 75231 or at no cost from the AHA's website at <https://cpr.heart.org/>. A copy of this document is available for inspection and distribution, at the same cost as purchasing a copy from AHA, from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

~~(3) The board adopts by reference the standards regarding the equipment within a facility where anesthesia is administered set forth by the American Association of Oral and Maxillofacial Surgeons in the publication titled "Office Anesthesia Evaluation Manual," ninth edition. A copy of this manual may be obtained at a cost of approximately \$345.00 from the American Association of Oral and Maxillofacial Surgeons, 9700 West Bryn Mawr Avenue, Rosemont, Illinois, 60018, or at the association's website at <http://www.aaoms.org> at a cost of approximately \$345.00. A copy of this document is available for inspection and distribution, at the same cost as purchasing a copy from the American Association of Oral and Maxillofacial Surgeons, from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.~~

R 338.11605 ~~Enteral sedation; guidelines; adoption by reference; requirements for approval of course and instructor.~~ **Rescinded.**

~~Rule 1605. (1) Before being offered to licensees, a course and its instructors in enteral sedation must be approved by the board and, at a minimum, the course objectives, content, duration, evaluation, documentation, and faculty must be consistent with the enteral sedation course standards in the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," October 2016, whose guidelines are adopted by reference by the board. The guidelines may be obtained at no cost from the American Dental Association, 211 E. Chicago Avenue, Chicago, Illinois, 60611 or at no cost on the association's website at <http://www.ada.org>. A copy of the guidelines is available for inspection and distribution, at 10 cents per page, from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.~~

~~(2) A program or course that is certified by CODA as meeting the ADA's standards for advanced training in anesthesia and pain control and training in intravenous conscious sedation in the publication titled "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," October 2016 edition, is approved by the board.~~

PART 6B. TELEHEALTH

R 338.11611 Definitions.

Rule 1611. As used in this part:

(a) "Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical healthcare, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine.

(b) "Telehealth service" means a healthcare service that is provided through telehealth. **The requirement in R 338.11401 to have an "in-person" contact with the dentist or dental therapist once every 24 months does not apply to telehealth services unless the dentist or dental therapist delegates or assigns duties, other than radiographic images, to allied dental personnel.**

(c) "Telemedicine" means the use of electronic media to link patients with healthcare professionals in different locations. To be considered telemedicine, the telemedicine services must be provided by a healthcare professional who is licensed, registered, or otherwise authorized to engage in **his or her the healthcare professional's** healthcare profession in the state where the patient is located.

R 338.11613 Consent; scope of practice; standard of care.

Rule 1613. (1) The licensee shall obtain informed consent for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284. Informed consent requires all of the following:

(a) The licensee shall ensure that the patient understands **he or she the patient** will be treated remotely using telehealth.

(b) At the inception of care, any licensee who has contact with the patient shall identify **himself or herself** to the patient as a dentist, dental therapist, UDA, RDA, or RDH consistent with R 338.11103(a).

(c) The licensee shall ensure that the patient is mentally capable of giving informed consent for diagnosis, care, or treatment.

(d) The licensee shall explain the alternatives, capabilities, and limitations of telemedicine and that the patient may decline to receive telehealth services.

(2) If the patient is less than 18 years of age, a parent or legal guardian must provide informed consent for the patient.

(3) The licensee shall keep proof of consent for a telehealth service in the patient's up-to-date medical record and satisfy section 16213 of the code, MCL 333.16213.

(4) A licensee who provides telehealth services shall comply with all of the following:

(a) Act within the scope of ~~his or her~~the licensee's practice.

(b) Exercise the same standard of care applicable to a traditional, in-person healthcare service.

(c) Verify that telemedicine is appropriate to evaluate, ~~diagnose,~~ and treat the patient based on ~~his or her~~the patient's unique presentation.

(5) The licensee shall be able to examine the patient via a health insurance portability and accountability act (HIPAA) of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.

(6) Telehealth must be secure and compliant with federal and state security and privacy regulations.

R 338.11615 Prescribing medications.

R 1615. A licensee who is authorized to prescribe may prescribe a drug during a telehealth service if ~~he or she~~the licensee complies with all of the following:

(a) Is licensed in this state and is a prescriber in this state.

(b) Is acting within ~~his or her~~the licensee's scope of practice in prescribing the drug.

(c) Is acting in compliance with section 16285 of the code, MCL 333.16285.

(d) If the licensee determines that it is medically necessary, ~~he or she~~the licensee shall refer the patient for other healthcare services or to another health professional that is geographically accessible to the patient.

(e) After providing the telehealth service, the licensee or delegatee shall provide follow-up care services to the patient or refer the patient to another health professional for follow-up care.

PART 7. CONTINUING EDUCATION

R 338.11701 License renewal for a dentist, dental specialist, and special-retired volunteer dentist; requirements; applicability.

Rule 1701. (1) This rule applies to an application for the renewal of a dentist license, dental specialist license, and special retired volunteer dentist license under sections 16201 and 16184 of the code, MCL 333.16201 and 333.16184. **A dental specialist license must be renewed at the same time as the dentistry license.**

(2) Subject to subrule (8) of this rule, an applicant for a dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with both of the following during the 3-year period before the end of the license cycle:

(a) Possess current certification in basic or advanced cardiac life support from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).

(b) Complete at least 3 continuing education credits in pain and symptom management. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

(3) Subject to subrule (8) of this rule, in addition to the requirements of subrule (2) of this rule, an applicant for a dentist license renewal, who has been licensed for the 3-year period immediately preceding the expiration date of the license, shall comply with all of the following during the 3-year period before the end of the license cycle:

(a) Complete not less than 60 hours of continuing education approved by the board under R 338.11704a.

—(b) Complete a minimum of 20 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology.

—(c) Complete a minimum of 20 hours of the required continuing education hours by attending synchronous, live courses or programs that provide for direct interaction between faculty and participants, including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

—(4) Subject to subrule (8) of this rule, in addition to the requirements of subrules (2) and (3) of this rule, a dental specialist shall complete 20 hours of the required continuing education hours in the dental specialty field in which he or she is certified during the 3-year period before the end of the license cycle.

—(5) Subject to subrule (8) of this rule, in addition to the requirements of subrule (2) of this rule, an applicant for a special retired dentist license shall comply with the following during the 3-year period before the end of the license cycle:

—(a) Complete not less than 40 hours of continuing education acceptable to the board in R 338.11704a.

—(b) Complete a minimum of 14 hours of the required hours of continuing education in programs directly related to clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

—(c) Complete a minimum of 14 hours of the required hours of continuing education by attending synchronous, live courses or programs that provide for direct interaction between faculty and participants, including but not limited to, lectures, symposia, live teleconferences, workshops, and providing volunteer clinical services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer clinical services,

may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

~~(d)~~ Comply with the conditions for renewal in section 16184(2) of the code, MCL 333.16184.

~~(6)~~ The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years from the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

~~(7)~~ A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department before the expiration date of the license.

~~(8)(2)~~ Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, an applicant shall meet the requirements of this subrule and subrules (1), (7), and (9) to (14) of this rule. An applicant for a dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 60 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.

~~(9)(3)~~ An applicant for a dental specialist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete 60 hours of continuing education approved by the board under R 338.11704a, with not less than 20 hours of the required 60 hours in board-approved continuing education in the dental specialty field in which ~~he or she~~ **the applicant** is licensed, within the 3-year period before the end of the license cycle. **Each additional specialty license requires an additional 20 hours of continuing education in the dental specialty field of the specialty license in addition to the 60 required continuing education hours.**

~~(10)(4)~~ In addition to meeting the requirements of section 16184 of the code, MCL 333.16184, an applicant for a special retired volunteer dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 60 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.

~~(11)(5)~~ An applicant shall possess current certification in ~~basic or advanced cardiac life support~~ **BLS or ACLS** for ~~health care~~ **healthcare** providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).

~~(12)(6)~~ In complying with the requirements of subrules ~~(8)(2)~~ to ~~(10)(4)~~ of this rule, an applicant for a dentist license, dental specialist license, and special retired volunteer dentist license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with all of the following before the end of the license cycle:

(a) Complete ~~at least~~ **not less than** 3 hours of the required continuing education hours in pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive

dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(b) Complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, **which may be completed in 1 or more courses**. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(c) Complete a minimum of 20 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(d) Complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the ~~Centers for Disease Control and Prevention's~~ CDC's infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(e) Complete a minimum of 20 hours of the required continuing education hours by attending synchronous, live courses or programs, **in-person or virtual**, that provide for **the opportunity of** direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues, **including** ~~such as~~ delivery of care, materials used in delivery of care, and pharmacology.

(f) Complete no more than 30 hours of the required continuing education hours asynchronously, noninteractive.

~~(13)(7)~~ Except for the 1-time training in human trafficking ~~and 1-time training in opioid and controlled substances awareness~~, which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an applicant may not earn **continuing education** credit for **implicit bias training required by R 338.7004**, and **may not earn credit for** a continuing education program or activity that is identical to a program or activity an applicant has already earned credit for during that renewal period.

~~(14)(8)~~ The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. An applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years ~~from~~ **after** the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(9) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department for the board's consideration not less than 30 days before the last regularly scheduled board meeting before the expiration date of the license. The public notice for the board meetings can be found at:

<https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/dental>.

R 338.11703 License renewal for a dental therapist and special-retired volunteer dental therapist; requirements; applicability.

Rule 1703. (1) This rule applies to an application for the renewal of a dental therapist license and special-retired volunteer dental therapist license under sections 16184, 16201, and 16653 of the code, MCL 333.16184, 333.16201, and 333.16653.

(2) An applicant for a dental therapist license renewal who has been licensed for the 2-year period immediately preceding the expiration date of the license shall complete not less than 35 hours of continuing education approved by the board under R 338.11704a during the 2-year period before renewal.

(3) In addition to meeting the requirements of section 16184 of the code, MCL 333.16184, an applicant for a special-retired volunteer dental therapist license renewal who has been licensed for the 2-year period immediately preceding the expiration date of the license shall complete not less than 35 hours of continuing education approved by the board under R 338.11704a during the 2-year period before renewal.

(4) An applicant shall possess current certification in ~~basic or advanced cardiac life support~~ **BLS or ACLS** for ~~health care~~ **healthcare** providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).

(5) In complying with the requirements of subrules (2) and (3) of this rule, an applicant for a dental therapist license or special-retired volunteer dental therapist license renewal who has been licensed for the 2-year period immediately preceding the expiration date of the license shall comply with all of the following before the end of the license cycle:

(a) Complete ~~at least~~ **not less than** 2 hours of the required continuing education hours in pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(b) Complete at least 1 hour of the required continuing education hours in dental ethics and jurisprudence **that includes the delegation of duties to allied dental personnel, which may be completed in 1 or more courses.** Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for dental ethics and jurisprudence.

(c) Complete at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the ~~Centers for Disease Control and Prevention's~~ **CDC's** infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(d) Complete a minimum of 12 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(e) Complete a minimum of 12 hours of the required continuing education hours by attending synchronous live courses or programs, **in-person or virtual**, that provide for

the opportunity of direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer patient or supportive dental services provided for in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues including delivery of care, materials used in delivery of care, and pharmacology.

(f) Complete no more than 18 hours of the required continuing education hours asynchronously, noninteractive.

(6) Except for the 1-time training in human trafficking and 1-time training in opioid and controlled substances awareness, which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an applicant may not earn **continuing education** credit for **implicit bias training required by R 338.7004, and may not earn credit for** a continuing education program or activity that is identical to a program or activity the applicant has already earned credit for during that renewal period.

(7) The submission of the application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. An applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years ~~from~~**after** the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(8) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department **for the board's consideration not less than 30 days before the last regularly scheduled board meeting** before the expiration date of the license.

The public notice for the board meetings can be found at:

<https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/dental>.

R 338.11704 License renewal for a ~~registered dental hygienistRDH, registered dental hygienistRDH special volunteer, registered dental assistantRDA, and registered dental assistantRDA special volunteer~~; requirements; applicability.

Rule 1704. (1) This rule applies to an application for the renewal of a ~~registered dental hygienistRDH~~ license, and a ~~registered dental assistantRDA~~ license under section 16201 of the code, MCL 333.16201, and a ~~registered dental hygienistRDH special-retired volunteer~~ license and a ~~registered dental assistantRDA special-retired volunteer~~ license under section 16184 of the code, MCL 333.16184.

(2) An applicant for a ~~registered dental hygienistRDH~~ license renewal or a ~~registered dental assistantRDA license~~ renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license, shall complete not less than 36 hours of continuing education approved by the board under R 338.11704a during the 3 years before the end of the license cycle.

(3) An applicant holding both a ~~registered dental hygienistRDH~~ license and a ~~registered dental assistantRDA~~ license shall complete not less than 36 hours of continuing education acceptable to the board under R 338.11704a during the 3 years before the end of the license cycle. The 36 hours must include not less than 12 hours devoted to ~~registered dental hygienistRDH~~ functions; and not less than 12 hours devoted to ~~registered dental assistantRDA~~ functions.

(4) In addition to meeting the requirements of section 16184 of the code, MCL 333.16184, an applicant for a special-retired volunteer ~~registered dental assistant~~**RDA** license renewal or a special-retired volunteer ~~registered dental hygienist~~**RDH** license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall complete not less than 36 hours of continuing education approved by the board under R 338.11704a during the 3-year period before the end of the license cycle.

(5) An applicant shall possess current certification in ~~basic or advanced cardiac life support~~**BLS or ACLS** for ~~health care~~**healthcare** providers with a hands-on component from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(4).

(6) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department **for the board's consideration not less than 30 days before the last regularly scheduled board meeting** before the expiration date of the license. **The public notice for the board meetings can be found at:**

<https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/dental>.

(7) In complying with the requirements of subrules (2) to (4) of this rule, an applicant for a ~~registered dental assistant~~**RDA** license, ~~registered dental hygienist~~**RDH** license, special-retired volunteer ~~registered dental assistant~~**RDA** license, or special-retired volunteer ~~registered dental hygienist~~**RDH** license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall also comply with all of the following before the end of the license cycle:

(a) Complete a minimum of 12 hours of the required continuing education hours in programs directly related to clinical issues including delivery of care, materials used in the delivery of care, and pharmacology. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for clinical issues.

(b) Complete a minimum of 12 hours of the required continuing education hours by attending synchronous, live courses or programs, **in-person or virtual**, that provide ~~for~~ **the opportunity for** direct interaction between faculty and participants including, but not limited to, lectures, symposia, live teleconferences, workshops, and ~~provision of providing~~ volunteer patient or supportive dental services ~~provided for~~ in R 338.11704a(1)(m). These courses, with the exception of the volunteer services in R 338.11704a(1)(m), may be counted toward the required courses in clinical issues including delivery of care, materials used in delivery of care, and pharmacology.

(c) Complete ~~at least~~**not less than** 2 hours of the required continuing education hours in pain and symptom management. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for pain and symptom management.

(d) Earn no more than 18 of the 36 hours of the required continuing education hours asynchronously, noninteractive.

(e) ~~Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, complete~~ **Complete** at least 1 hour

of the required continuing education hours in dental ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel, **which may be completed in 1 or more courses**. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for ethics and jurisprudence with inclusion of delegation of duties to allied dental personnel.

(f) ~~Effective for applications for renewal that are filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, complete~~ **Complete** at least 1 hour of the required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the ~~Centers for Disease Control and Prevention's~~ **CDC's** infection control guidelines. Hours earned through volunteer patient or supportive dental services provided for in R 338.11704a(1)(m) do not count toward the required hours for infection control.

(8) ~~Effective for an application for renewal that is filed for the renewal cycle that begins 1 year or more after the effective date of this subrule, an~~ **Except for the 1-time training in human trafficking which may be used to comply with the requirement for the 1-time training and a continuing education requirement, an** applicant may not earn **continuing education** credit for **implicit bias training required by R 338.7004 and may not earn credit for** a continuing education program or activity that is identical to a program or activity the applicant has already earned credit for during that renewal period; ~~except for the 1-time training in human trafficking and 1-time training in opioid and controlled substances awareness, which may be used to comply with the requirement for the 1-time training and a continuing education requirement.~~

(9) The submission of the application for renewal constitutes the applicant's certification of compliance required by this rule. The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 5 years ~~from~~**after** the date of the submission for renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

R 338.11704a Acceptable continuing education for licensees, limitations.

Rule 1704a. (1) The board shall consider any of the following as acceptable continuing education for dentists, dental therapists, dental specialists, special-retired volunteer dentists, special-retired volunteer dental therapists, ~~registered dental hygienists~~**RDH**, special-retired volunteer ~~registered dental hygienists~~**RDHs**, ~~registered dental assistants~~**RDAs**, and special-retired volunteer ~~registered dental assistants~~**RDAs**, unless otherwise noted:

Acceptable Continuing Education activities		
(a)	Completion of an approved continuing education program or activity related to the practice of dentistry. A course or program must substantially meet the standards and criteria for an acceptable category of continuing education under this rule and must be relevant to healthcare and	The number of hours earned are the number of hours approved by the sponsor or the approving organization. If the activity was not approved for a set number of hours, then 1

<p>advancement of the licensee's dental education.</p> <p>A continuing education program or activity is approved, regardless of the format in which it is offered, if it is approved or offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • A dental, dental therapy, dental hygiene, dental assistant, or a hospital-based dental specialty educational program approved by CODA. • A continuing education sponsoring organization, institution, or individual approved by the Academy of General Dentistry (AGD). • The Commission on Continuing Education Provider Recognition ADA CERP. <p>A continuing education program or activity is approved, regardless of the format in which it is offered, if it is offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • A continuing education national sponsoring organization, institution, or individual approved by the American Academy of Dental Hygiene (AADH); the • American Dental Hygienists' Association (ADHA); the • American Dental Assistants Association (ADAA); and the Commission on Continuing Education Provider Recognition ADA Continuing Education Recognition Program (ADA CERP) or its successor organization. <p>A continuing education sponsoring organization, institution, or individual approved by the</p> <ul style="list-style-type: none"> • Michigan Dental Association (MDA); • Michigan Dental Hygienists Association (MDHA); and • Michigan Dental Assistants Association (MDAA). 	<p>credit hour for each 50 minutes of participation may be earned.</p> <p>No limitation on the number of hours earned.</p>
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	<ul style="list-style-type: none"> • Another Another state board of dentistry. <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
(b)	<p>Completion of courses offered for credit in a dental, dental therapy, dental hygiene, dental assistant, or a hospital-based dental specialty educational program approved by CODA.</p> <p>If audited, an applicant shall submit an official transcript that reflects completion of the course and number of semester or quarter credit hours earned.</p>	<p>Ten hours of continuing education may be earned for each quarter credit earned and 15 hours may be earned for each semester credit earned.</p> <p>No limitation on the number of hours earned.</p>
(c)	<p>Attendance at a program or activity related to topics approved in R 338.2443(2) and R 338.143(2) for category 1 continuing education by the board of medicine or board of osteopathic medicine.</p> <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	<p>One hour may be earned for each 50 minutes of program attendance.</p> <p>A maximum of 30 hours for a dentist, and 18 hours for a dental therapist, registered dental hygienistRDH, and registered dental assistantRDA may be earned in each renewal period.</p>
(d)	<p>For dentists, satisfactory participation for a minimum of 7 months in a hospital or institution through a postgraduate dental clinical training program approved by CODA.</p> <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours attended, the name of the hospital or institution, the name of the clinical training program, the date of participation, and the activities completed.</p>	<p>Twenty hours may be earned in each calendar year for 7 months of participation in the calendar year.</p> <p>A maximum of 20 hours per calendar year may be earned.</p>

(e)	<p>For dentists, successful completion of an American-board specialty examination.</p> <p>If audited, an applicant shall submit proof of a passing score on the examination.</p>	<p>Ten hours may be earned in the year in which the applicant achieves a passing score on a specialty examination.</p> <p>A maximum of 20 hours may be earned in each renewal period. Credit is not given for repeating the same examination in a renewal period.</p>
(f)	<p>Renewal of a dentist, dental therapist, registered dental hygienistRDH, or registered dental assistantRDA license held in another state that requires continuing education for license renewal that is substantially equivalent in subject matter and total amount of required hours required in these rules if the applicant resides and practices in another state.</p> <p>If audited, an applicant shall submit proof of current licensure in another state and a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, type of program or activity, and the date on which the program was held or activity completed.</p>	<p>For a dentist, 60 hours may be earned. For a dental therapist, 35 hours may be earned. For a registered dental hygienistRDH or registered dental assistantRDA, 36 hours may be earned.</p> <p>A maximum of 60 hours for a dentist, 35 hours for a dental therapist, and 36 hours for a registered dental hygienistRDH or registered dental assistantRDA may be earned in each renewal period.</p>
(g)	<p>For a registered dental assistantRDA, meeting the requirements for recertification in R 338.11705(3).</p> <p>If audited, an applicant shall submit proof of current certification, other than emeritus certification, by the Dental Assisting National Board (DANB).</p>	<p>Thirty-six hours may be earned.</p> <p>A maximum of 36 hours may be earned in each renewal period.</p>
(h)	<p>Initial publication of an article or text related to the practice of dentistry, dental therapy, dental hygiene, or dental assisting in either of the following:</p> <ul style="list-style-type: none"> • A textbook. • A journal of a national association of dentists, dental therapists, dental specialists, dental hygienists, or dental assistants. 	<p>Twenty-five hours may be earned per publication.</p> <p>A maximum of 25 hours may be earned in each renewal period.</p>

	If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter.	
(i)	<p>Initial publication of an article related to the practice of dentistry, dental therapy, dental hygiene, or dental assisting in either of the following:</p> <ul style="list-style-type: none"> • A journal of an accredited dentistry, dental therapy, dental hygiene, or dental assisting school. • A state or state-component association of dentists, dental therapists, dental specialists, dental hygienists, or dental assistants. <p>If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter.</p>	<p>Twelve hours may be earned per publication.</p> <p>A maximum of 12 hours may be earned in each renewal period.</p>
(j)	<p>Independent reading of articles or viewing or listening to media, other than online programs, related to dental, dental therapy, dental hygiene, or dental assisting education.</p> <p>If audited, an applicant shall submit an affidavit attesting to the number of hours the applicant spent participating in these activities that includes a description of the activity.</p>	<p>One hour for each 50 minutes of participation may be earned per activity.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>
(k)	<p>Development and presentation of a table clinical demonstration or a continuing education lecture offered in conjunction with the presentation of continuing education programs approved by the board pursuant to subrule (3) of this rule that is not a part of the licensee's regular job description.</p> <p>If audited, an applicant shall submit a copy of the curriculum and a letter from the program sponsor verifying the length and date of the presentation.</p>	<p>One hour for each 50 minutes devoted to the development and initial presentation.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>
(l)	<p>Attendance at a dental-related program that is approved by the board pursuant to subrule (3) of this rule and that is relevant to health carehealthcare and advancement of the licensee's dental education.</p> <p>If audited, an applicant shall submit a copy of a</p>	<p>Ten hours of continuing education may be credited per year.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>

	letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.	
(m)	<p>Providing volunteer patient or supportive dental services in this state at a board-approved program pursuant to subrule (4) of this rule that is not a part of the licensee's regular job description nor required under a board order or agreement and that complies with the following:</p> <ul style="list-style-type: none"> • The program is a public or nonprofit entity, program, or event, or a school or nursing home. • The program provides patient or supportive dental services to the indigent or dentally underserved populations. • The licensee does not receive direct or indirect remuneration of any kind including, but not limited to, remuneration for materials purchased or used. • The licensee shall sign in and sign out daily upon commencement and termination of the provision of services. • A dentist with a specialty license issued from this state shall limit volunteer clinical dental services to the specialty area in which the dentist is licensed. <p>If audited, an applicant shall submit proof from the sponsor of the assignments and the hours of service provided.</p>	<p>One hour for each 120 minutes of providing patient or supportive dental services.</p> <p>A dentist or special-retired volunteer dentist may earn a maximum of 20 hours per renewal period.</p> <p>A dental therapist, registered dental hygienistRDH, registered dental assistantRDA, special-retired volunteer dental therapist, special-retired volunteer registered dental hygienistRDH, and special-retired volunteer registered dental assistantRDA may earn a maximum of 12 hours per renewal period.</p>
(n)	<p>Providing patient or supportive dental services in this state to indigent or dentally underserved populations that is part of the licensee's regular job description but is not required under a board order or agreement.</p> <p>If audited, an applicant shall submit proof from an employer of the assignments and the hours worked.</p>	<p>One hour for each 120 minutes of providing patient or supportive dental services.</p> <p>A dentist or special-retired volunteer dentist may earn a maximum of 20 hours per renewal period.</p>

		<p>A dental therapist, RDH, RDA, special-retired volunteer dental therapist, special-retired volunteer RDH, and special-retired volunteer RDA may earn a maximum of 12 hours per renewal period.</p>
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(2) If an organized continuing education course or program is offered in segments of 50 to 60 minutes each, 1 hour of credit is given for each segment.

(3) The following requirements are established for ~~board approval~~ of continuing education, which includes, but is not limited to, any continuing education not otherwise approved by subrule (1) of this rule:

(a) The continuing education applicant shall submit a ~~complete~~**completed** application, on forms provided by the department, **which includes submission of a curriculum vitae or biography for all instructors and speakers.** ~~A licensee shall submit a "Patient Protection" form provided by the department to the department for each continuing education course or program involving treatment of live patients.~~

(b) A completed application form must be submitted to the department ~~at least~~**not less than** 70 days before the date the course or program is conducted and **not less than** 70 days before the next regularly scheduled board meeting for the proposed continuing education to be considered for approval by the board. Continuing education conducted before board consideration and approval will be denied approval.

(c) A course or program must substantially meet the standards and criteria for an acceptable category of continuing education under this rule and must be relevant to ~~health care~~**healthcare** and advancement of the licensee's dental education.

(d) Board approval is for a term of 3 years from the date of approval.

(e) Approved continuing education must be reevaluated by the board before any changes during the 3-year approval term including, but not limited to, changes in the following:

(i) Instructors and speakers.

(ii) Content, title, ~~and~~ **or** number of continuing education hours to be awarded to participants.

(f) Subject to subdivision (g) of this subrule, all changes to previously approved continuing education courses or programs must be submitted on required department forms ~~at least~~**not less than** 70 days before the date the continuing education course or program is offered to participants and **not less than** 70 days before the next regularly scheduled board meeting to be considered for approval by the board. Any changes to the submitted and previously approved courses or programs conducted before board reconsideration and approval will be denied approval.

(g) Emergency changes to instructors and speakers that are unable to be submitted to the board ~~at least~~**not less than** 70 days before the date of the continuing education may be reviewed by the department in consultation with the board chair when proof acceptable to the department is submitted with the change supporting the nature of the emergency.

(h) **Other than the beginning term of approval, The specific dates of the continuing education course or program does and the number of times the course or program are offered do** not require further board approval and may be changed without review by the board if the presentation dates are within the board's original 3-year term of approval.

(i) All of the following information must be recorded on a continuing education course or program certificate of completion or other proof prepared by the sponsor conducting the continuing education:

(i) The name of the applicant, ~~sponsor, or both.~~

(ii) Continuing education approval number issued by the board.

(iii) Course title.

~~(iv) Speaker or instructor.~~

~~(v)(iv)~~ (iv) Date the approved continuing education course was conducted.

~~(vi)(v)~~ (v) Number of continuing education hours awarded.

~~(vii)(vi) Approved sponsor's signature.~~ **Signature of the individual responsible for attendance.**

~~(viii)(vii)~~ (vii) Dates of the current approval term.

~~(ix)(viii)~~ (viii) Name of participant.

(j) The board may revoke the approval status of any approved continuing education course or program any time the course or program fails to comply with these rules.

(k) The continuing education applicant shall submit a "Patient Protection" form provided by the department to the department for each continuing education course or program involving treatment of live patients.

(4) The following requirements are established for board approval of a sponsor offering volunteer continuing education opportunities under subrule (1)(m) of this rule:

(a) A sponsor shall apply to the department to obtain approval as a sponsoring entity on the volunteer dental application form.

(b) A sponsor shall retain patient records.

(c) A sponsor shall retain documentation of all volunteer assignments and the hours of service provided.

(d) Upon request, a sponsor shall provide the board with the records, copy of the assignments, hours of service, and evidence of compliance with the requirements of subrule (1)(m) of this rule.

(e) A sponsor shall provide each licensee with verification of all volunteer hours of dental care provided by the licensee upon completion of the licensee's service.

(f) Upon request, a sponsor shall submit documentation to the department, evidencing compliance with the requirements of subrules (1)(m) and (5) of this rule.

(g) Board approval is for a term of 4 years from the date of approval.

(h) The board may revoke the approval status of any volunteer continuing education opportunity any time an approved continuing education program fails to comply with these rules.

(i) All of the following information must be recorded on a continuing education certificate of completion or other proof prepared by the sponsor conducting the volunteer continuing education course or program:

(i) The name of the sponsoring organization.

(ii) Continuing education approval number issued by the board.

(iii) Dates and times of volunteer services.

- (iv) Number of continuing education hours earned.
- (v) Signature of individual responsible for attendance.
- (vi) Dates of the current approval term.
- (vii) Name of participant.

(5) A continuing education sponsor shall maintain evidence of participation in continuing education, including signed continuing education certificates of completion issued to participants, for a period of 5 years from the date of the continuing education program or course.

R 338.11705 Standards and requirements; adoption by reference.

Rule 1705. (1) The board adopts by reference the standards and criteria of the AGD's Program Approval for Continuing Education (PACE) which are set forth in the publication titled "PACE Academy of General Dentistry Program Approval for Continuing Education Program Guidelines, ~~Revised April 2019~~ **revised August 2021.**" Information on the PACE standards and criteria is available at no cost from the Academy of General Dentistry, 560 W. Lake St., Sixth Floor, Chicago, Illinois, 60661-6600 or at no cost from the academy's internet website at www.agd.org. A copy of the guidebook is available for inspection and distribution at 10 cents per page from the Michigan Board of Dentistry, Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

(2) The board adopts by reference the standards and criteria of the ADA CERP for approval of continuing education sponsoring organizations, which are set forth in the publication titled "ADA CERP Recognition Standards, and Procedures ~~April 2019~~ **January 2022.**" A copy of this publication may be obtained at no cost from the association at ADA CERP, 211 ~~E. East~~ Chicago Avenue, Chicago, Illinois, 60611-2678 or at no cost from the association's internet website at www.ada.org. A copy of the publication is available for inspection and distribution at 10 cents per page from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

(3) The board adopts by reference the requirements for recertification established by DANB as set forth in the publication titled "Dental Assisting National Board, Inc. Recertification Requirements ~~2019~~ **2022.**" A copy of the publication may be obtained at no cost from the Dental Assisting National Board, Inc., 444 ~~N. North~~ Michigan Avenue, Suite 900, Chicago, Illinois, 60611 or at no cost from the national board's internet website at www.danb.org. A copy of the guidelines and requirements are available for inspection and distribution at 10 cents per page from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

(4) The board adopts by reference the standards for certification in ~~basic and advanced cardiac life support~~ **BLS and ACLS** for ~~health care~~ **healthcare** providers with a hands-on component set forth by the AHA in the standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers, published in "~~2015~~ **2020** American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care," ~~Volume 132, Issue 18, Supplement 2, November 3, 2015, with updates in 2017 and 2018.~~ A copy of the guidelines for cardiopulmonary

resuscitation and emergency cardiovascular care may be obtained at a cost of approximately \$~~28.00~~**25.00** from the AHA's website at www.cpr.heart.org. A copy of this document is available for inspection and distribution, at the same cost as purchasing a copy from the AHA, from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan, 48909.

PART 8. DENTAL AMALGAM

R 338.11811 Amalgam separator; installation and operation; requirements.

Rule 1811. (1) ~~On or before December 31, 2013, a dentist shall install, or have installed,~~ an amalgam separator on each wastewater drain in ~~his or her~~**the dentist's** dental office that is used to discharge dental amalgam waste. In addition to meeting the requirements of the code and these rules, a dentist who is required to install an amalgam separator, ~~pursuant to~~**under** section 16631 of the code, MCL 333.16631, shall comply with all of the following:

(a) Install an amalgam separator that meets the requirements of R 338.11813.

(b) Install, operate, and maintain the amalgam separator according to the manufacturer's instructions.

(c) Ensure the installed amalgam separator is properly sized to accommodate maximum dental amalgam wastewater flow rates at the dental office. The maximum allowable flow rate through an amalgam separator at a dental office must not exceed the maximum flow rate capacity at which the amalgam separator was tested under R 338.11813(1)(a).

(d) Ensure that all wastewater from the dental office containing dental amalgam waste passes through an installed and properly functioning and maintained amalgam separator before being discharged.

(2) Subrule (1) of this rule does not apply to any of the following:

(a) Oral and maxillofacial surgeons.

(b) Oral and maxillofacial radiologists.

(c) Oral pathologists **& maxillofacial**.

(d) Orthodontists.

(e) Periodontists.

(f) Dentists while providing services in a dental ~~school~~ educational program, in a hospital, or through a local health department.

(g) Dentists who install and use a holding tank and do not discharge amalgam waste.

R 338.11813 Amalgam separator; requirements.

Rule 1813. (1) An amalgam separator that is installed in a dental office under R 338.11811 must meet all of the following requirements:

(a) Be certified as passing the ~~international organization for standardization~~ **International Organization for Standardization** (ISO) 11143 standard, 2008, for evaluating amalgam separators.

(b) Have a removal efficiency of not less than 95% as determined by the testing required under subdivision (a) of this subrule, based on the overall average of the 3 empty and the 3 simulated full test results.

(c) Be tested and certified by 1 of the following:

(i) ~~SP technical research institute~~ **Technical Research Institute** of Sweden.

(ii) ~~Tuv nord~~ **TUV Nord**, Germany.

(iii) NSF international.

(iv) Both of the following:

(A) A testing laboratory accredited by an accreditation body that is a signatory to the ~~international laboratory accreditation cooperation's~~ **International Laboratory Accreditation Cooperation's** mutual recognition arrangement and has a scope of accreditation that includes ISO 11143 standard, 2008.

(B) A certification body accredited by an accreditation body that is a signatory to the ~~international accreditation forum's~~ **International Accreditation Forum's** multilateral recognition arrangement and has a scope of accreditation that includes ISO 11143 standard, 2008.

(2) Any amalgam separator that meets the requirements of subrule (1) of this rule qualifies as an amalgam separator approved by the board.

R 338.11821 Compliance and enforcement.

Rule 1821. Failure to comply with the requirements of these rules, **or the Department of Environment, Great Lakes, and Energy's amalgam reporting requirements** is a violation of section 16221(h) of the code, MCL 333.16221, and may result in sanctions as provided for in the code, or under state or federal law. **The amalgam reporting requirements can be found at:**

<https://www.michigan.gov/egle/about/organization/Water-Resources/industrial-pretreatment/epa-dental-rule>.